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No. 102
STATE CHARITIES AID ASSOCIATION
OF NEW YORK

PREVENTION OF TUBERCULOSIS

Proceedings of a Public Meeting held in Harmanus
Bleecker Hall, Albany, January 27, 1908

AND

Handbook of the Campaign for the Prevention of
Tuberculosis in New York State (outside
of New York City)

CARRIED ON BY THE

State Charities Aid Association in Co-operation

WITH THE

New York State Department of Health

APRIL 1, 1908

**"The people have recognized their true foe in tuberculosis
and are stirring to the combat throughout the civilized
world."**

Prof. WM. H. WELCH, M. D., LL.D.

From the address given at the public meeting held in Harmanus Bleecker Hall,
Albany, Jan. 27, 1908.

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INTRODUCTION

HISTORICAL STATEMENT

At a meeting of the Board of Managers of the State Charities Aid Association, held May 17th, 1907, the following preambles and resolutions were adopted:

Whereas, Pulmonary tuberculosis is one of the leading causes of illness and death and, therefore, of suffering, destitution and pauperism in this State; and

Whereas, Recent discoveries in medical science, and recent experience in the administrative control of tuberculosis, have made it possible to take practical and effective measures for the restriction of this disease; and

Whereas, Effective work in this direction has been carried on for several years in this city by the Tuberculosis Committee of the Charity Organization Society, and is not carried on as a rule elsewhere in the State; therefore,

RESOLVED, That it is desirable, if sufficient funds therefor should become available without impairing the income of the Association for work to which it is already committed, that the Association should take up actively, through its county committees, with the aid of a paid Secretary, the promotion of measures for the restriction of tuberculosis in the State outside of New York City.

Through the munificence of Mrs. Russell Sage in organizing and endowing the Russell Sage Foundation, the trustees of that Foundation were enabled to make a contribution of \$10,000 for this new work, thus making it possible for the State Charities Aid Association to institute a campaign for the prevention of tuberculosis. Accordingly the following committee on the prevention of tuberculosis was appointed:

Mr. George F. Canfield,	Dr. Charles Hitchcock,
Chairman,	Dr. Edward G. Janeway,
Dr. Herman M. Biggs,	Mr. John A. McKim,
Miss M. Kate Brice,	Hon. Eugene H. Porter, M. D.
Miss Mary Vida Clark,	<i>ex-officio</i> ,
Mrs. Wm. K. Draper,	Mrs William B. Rice.
Dr. Livingston Farrand,	Dr. Edward L. Trudeau,
Mr. Homer Folks, Secretary,	

During the summer diligent search was made for a qualified Assistant Secretary to be placed in immediate charge of the work, and Mr. John A. Kingsbury, a graduate student at Teachers' College, Columbia University, and formerly principal of a large public school in Seattle, Washington, was secured for the position, and entered upon his duties on October 1, 1907.

At a meeting of the Board of Directors of the National Association for the Study and Prevention of Tuberculosis, held in New York on October 28th, the plan of the State Charities Aid Association for conducting a campaign against tuberculosis in New York State was reported to the Board by the Executive Secretary, Dr Livingston Farrand.

Complete approval of the plan of the State Charities Aid Association was expressed by the members of the Board and the following resolution was adopted:

RESOLVED, That the State Charities Aid Association be recognized as the affiliated State Organization in the work against tuberculosis for New York State, outside of New York City, with the corresponding right of representation in the Advisory Council of the National Association.

TUBERCULOSIS AS A CAUSE OF POVERTY, AND OF DEATH—THE REASON FOR THE STATE CHARITIES AID ASSOCIATION'S CAMPAIGN FOR ITS PREVENTION

It is fitting that the State Charities Aid Association, which for thirty-five years has visited public charitable institutions in this State and endeavored to secure their improvement, should concern itself with the causes which produce so large a number of public dependents, and should seek to restrict, or remove these causes. Many of the causes of distress and disease are elusive, but one of them stands out everywhere in bold relief. At the head of the list of causes of death in most localities, and never dropping lower than second place, is tuberculosis. It causes the death of more than ten per cent. of all who die in the State of New York. The annual loss of life from this cause in this state is more than fifteen thousand. These facts, however, tell only part of the story. It is impossible to measure the amount of distress, suffering, and destitution, among the unfortunate victims of this disease.

The striking thing about this disease is that we now know how to cope with it. We have known for some twenty years that tuberculosis is a communicable and therefore preventable disease, and that many cases if properly treated in the early stages are curable. Fortunately, too, the methods for preventing this disease are simple. The steps that secure proper care for the individual consumptive will at the same time protect the family and its neighbors and remove the centers of infection. The substitution of care and assistance for carelessness and neglect is in substance the entire program. The Sanatorium for incipient cases; the Hospital for advanced cases; the Tuberculosis Dispensary at which the individual patient can receive medical attention and advice; the visiting nurse who can see that the advice is carried into effect in the patient's home; charitable agencies to see to it that, while the consumptive is receiving hospital care, he can rest assured that his wife and children are provided for; and the application of a few simple measures of public hygiene, constitute a working program for the prevention and cure of this terrible scourge, known as the Great White Plague. No other opportunity for the promotion of social well-being compares with this, and our duty is measured by the opportunity. If we fully apply our existing knowledge in actual practice the present generation will see the restriction of this disease to but a small fraction of its present proportions.

BRIEF STATEMENT OF THE PLAN OF THE CAMPAIGN

The general plan, adopted by the Committee, contemplates taking up one city after another, conducting a systematic and scientific investigation, first as to the prevalence of tuberculosis in the city, second as to the measures, if any, already in force, for the protection or relief of consumptives and looking toward the prevention of the disease. The investigation completed, the plan contemplates an educational campaign, with a view to securing in each locality the largest possible number of practical constructive measures. A statement, showing in detail the method of investigation and the general plan of the active educational campaign is given on p. 59.

In general our educational campaign is carried on in connection with the traveling Tuberculosis Exhibition of the New York

State Department of Health, an effective scheme of co-operation having been adopted tentatively between the State Charities Aid Association and this Department. The Exhibition is shown in some central location, and is directly in charge of officials from the Department of Health. Local physicians are selected to aid in its demonstration and to give stereopticon lectures in connection with the exhibition each afternoon and evening. Meetings of groups of teachers, clergymen, nurses, Y. M. C. A. members, Labor Unions, Fraternal Orders, Women's Clubs, etc., etc., are held at which illustrated lectures are given. These we call "group meetings." Articles of an educational nature are prepared for the daily press, giving the facts about the exhibition and quotations from the lectures of the day; thus disseminating widely information concerning the communicability, preventability, and curability of this disease. Not the least important of these measures for educating the public is the free distribution of thousands of leaflets and pamphlets, such as the famous "Don't Card," the excellent little pamphlet "INFORMATION for Persons with Diseases of the Lungs and for Those Living in the Same House," and especially the celebrated "Knopf Prize Essay" by Dr. S. A. Knopf, entitled "TUBERCULOSIS, a Disease of the Masses, and How to Combat It," on the cover of which appears this significant motto: "To combat consumption as a disease of the masses successfully requires the combined action of a wise government, well-trained physicians, and an intelligent people."

The campaign was started in Utica. This city was selected because it is well supplied with charitable agencies and is centrally located, and the news of what is done there naturally spreads to other parts of the State. From Utica the Exhibition was taken to Rome where a similar campaign was conducted. After the holiday season this educational campaign was continued in Troy, Albany and recently in Schenectady. Ultimately it is hoped to visit most of the cities of the State.

Meanwhile, to enable the County Committees of the State Charities Aid Association to consider starting this work independently and to prepare localities for the more active movement, the Secretary of the Association wrote to the members of these committees throughout the State, sending them a copy of the very helpful pamphlet, "A Working Program for a Tuberculosis Cam-

UTICA

ONEIDA COUNTY COMMITTEE

of The

STATE CHARITIES AID ASSOCIATION

Don't give Consumption
to others.

Don't let others give
Consumption to you.

COMMITTEE ON THE PREVENTION OF TUBERCULOSIS
OF THE STATE CHARITIES AID ASSOCIATION

To Prevent the Spread of Consumption Every
City in New York State Should Provide for:

1. Notification and Registration of All Cases—the Records to be Guarded from Publicity.
2. Free Bacteriological Examination of Sputum.
3. A Free Tuberculosis Dispensary.
4. A Visiting Nurse.
5. Relief for the Families of Needy Consumptives.
6. Sanatorium Treatment for Incipient Cases.
7. An Hospital for Advanced Cases.
8. Home Care and Medical Supervision of Cases that Cannot be Removed to Sanatorias and Hospitals.
9. A Suitable Building Code to Prevent Congestion in Housing.
10. Supervision of Milk and other Food Supplies.
- IV. An Educational Centre for Conducting a Continuous Campaign Against Tuberculosis.



HOW TO PREVENT CONSUMPTION.

The spit and the small particles coughed up and sneezed out by consumptives, and by many who do not know that they have consumption, are full of living germs too small to be seen. **THESE GERMS ARE THE CAUSE OF CONSUMPTION.**

DON'T SPIT on sidewalks—it spreads disease, and it is against the law.

DON'T SPIT on the floors of your rooms or hallways.

DON'T SPIT on the floor of your shop.

WHEN YOU SPIT, spit in the gutters or into a spittoon. Have your own spittoons half full of water, and clean them out at least once a day with hot water.

DON'T cough without holding a handkerchief or your hand over your mouth.

DON'T live in rooms where there is no fresh air.

DON'T work in rooms where there is no fresh air.

DON'T sleep in rooms where there is no fresh air.

Keep at least one window open in your bedroom day and night.

Fresh air helps to kill the consumption germ.

Fresh air helps to keep you strong and healthy.

DON'T eat with rolled hands—wash them first.

HOW TO CURE CONSUMPTION.

DON'T WASTE YOUR MONEY on patent medicines or advertised cures for consumption, but go to a doctor or a dispensary. If you go in time **YOU CAN BE CURED**; if you wait until you are so sick that you cannot work any longer, or until you are very weak, it may be too late; at any rate it will in the end mean more time out of work and more wages lost than if you had taken care of yourself at the start.

DON'T DRINK WHISKEY, beer, or other intoxicating drinks; they will do you no good, but will make it harder for you to get well.

DON'T SLEEP IN THE SAME BED with anyone else, and, if possible, not in the same room.

GOOD FOOD, FRESH AIR, AND REST are the best cures. Keep in the sunshine as much as possible, and **KEEP YOUR WINDOWS OPEN**, winter and summer, night and day—fresh air, night and day, is good for you.

GO TO A HOSPITAL WHILE YOU CAN AND BEFORE IT IS TOO LATE. There you can get the best treatment, all the rest, all the fresh air, and all the food which you need.

THE CAREFUL AND CLEAN CONSUMPTIVE IS NOT DANGEROUS TO THOSE WITH WHOM HE LIVES AND WORKS.

paigned in a Small City," by Doctor Oscar H. Rogers, who has been actively connected with the successful movement in Yonkers. A copy of a four-page leaflet, the "Don't Card," of which many thousands have been distributed in the cities thus far visited was also sent. On the last page of this folder, which is shown on pp. 9-10, is found a brief statement of the principal features of a constructive program for dealing with tuberculosis in cities.

Important features of the campaign in each city have been group meetings, followed by a large public meeting at which the results of the investigation have been made public and the people have been given an opportunity to hear some of the leading authorities of the State and of the Nation on this subject. The most notable of these public meetings was the one held in connection with the Albany campaign.

GENERAL PUBLIC MEETING AT ALBANY

While the active campaign of the State Charities Aid Association began in the city of Utica it was not possible to carry out the original plan of holding an inaugural meeting there with the Governor as the principal speaker. It was determined, therefore, formally to launch this important movement with a large and impressive meeting in the city of Albany. Accordingly such a meeting was held at that city in the Harmanus Bleecker Hall, Monday evening, January 27, 1908. The presiding officer of the meeting was the Hon. Joseph H. Choate, one of the original incorporators of the State Charities Aid Association, and for many years its president, except during his absence as ambassador at the Court of St. James. The principal speaker was Governor Charles E. Hughes. The importance of the meeting from a medical standpoint is evidenced by the fact that Doctor William H. Welch, of the Johns Hopkins University, responded to the invitation to address the meeting on the subject "What May Be Expected from More Effective Application of Preventive Measures against Tuberculosis."

The unusual success of this meeting was in no small degree due to a strong executive committee of Albanians who materially assisted in the general arrangements. Many prominent State officials, physicians and lay members of Tuberculosis Committees and hospital staffs kindly consented to act as Honorary Vice-

Presidents; and an exceptionally striking list of Albany's best-known men and women served as a General Committee of Arrangements. With so eminent a list of speakers the success of the meeting was assured from the beginning. It is said to have been the largest meeting ever held in Albany, except in a political campaign. Harmanus Bleecker Hall was filled to its utmost capacity, and several hundred people, unable to secure admission, were turned away. The State and local authorities were well represented and delegations, in a number of cases headed by the Mayor, were present from many of the nearby cities, including Poughkeepsie, Newburgh, Troy, Utica and Rome. This meeting made a very profound impression in Albany, and it is believed throughout the State.

In response to a demand from many parts of the State, it has been decided to include in full the proceedings of this meeting.

PROGRAM OF ALBANY MEETING

HON. JOSEPH H. CHOATE, Presiding
President State Charities Aid Association

PRAYER

RT. REV. THOMAS M. A. BURKE, D. D.

SPEAKERS

HON. CHARLES E. HUGHES
Governor

HON. LEWIS STUYVESANT CHANLER
Lieutenant-Governor

HON. EUGENE H. PORTER, M. D.
State Commissioner of Health

MR. MARTIN E. MCCLARY
Prest. Board of Managers, New York State Hospital for Incipient
Tuberculosis

PROF. WILLIAM H. WELCH, M. D., LL. D.
of Johns Hopkins University, and Prest. Board of Trustees
Rockefeller Institute of Medical Research

HON. JAMES W. WADSWORTH
Speaker of the Assembly

HON. WILLIAM W. ARMSTRONG
Chairman Senate Finance Committee

MR. GEORGE F. CANFIELD
Chairman Committee on Prevention of Tuberculosis

HON. HOMER FOLKS
Secretary State Charities Aid Association

CLOSING REMARKS

HON. JOSEPH H. CHOATE

BENEDICTION

RT. REV. RICHARD H. NELSON, D. D.

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James Fennimore Cooper	Harry G. Eyres
The Misses Fennimore Cooper	John P. Failing
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Hon. Edwin Countryman	J. Newton Fiero
Dr. Edward G. Cox	Thomas E. Finegan
Dr. Fred'k J. Cox	Eugene D. Flanigan
Dr. James William Cox	Rev. John Lowe Fort, Jr.
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Abel I. Culver	Mrs. Robert H. Fuller
Dr. Charles M. Culver	Charles M. Friend
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Franklin M. Danaher	J. Sheldon Frost
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Frank C. Herrick	Ariel Lathrop
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Samuel Hessberg	George Lawyer
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Mrs. George P. Hilton	Daniel Leonard
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Marcus T. Hun	H. C. Littlefield
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William P. Newman	Fred'k W. Rockwell
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Henry Russell	Mrs. Joseph Swan
M. L. Ryder	Harry R. Sweny
Mrs. Dean Sage	Very Rev. Henry Russell Talbot
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John A. Stephens	Dr. James N. Vander Veer
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Mrs. Wm. H. Stott	Edwin Van Wormer
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H. King Sturdee	Fred'k E. Wadhams

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W. A. Wallace	Chas. T. Wiles
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 Mrs. E. O. House
 Dr. R. H. Irish
 Gen. J. Ford Kent
 Mr. Wm. M. Keenan
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 Ed. Murphy, 2nd

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 W. Leland Thompson
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 Rev. John Walsh
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 Dr. Wm. M. Gibson
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 T. R. Proctor
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 Miss C. M. Underhill
 Miss Lucy C. Watson
 Dr. J. H. Whaley

STATE CAMPAIGN FOR THE PREVENTION OF TUBERCULOSIS.

*Addresses Given at a Public Meeting in Harmanus Bleecker Hall, Albany,
N. Y., January 27, 1908.*

UNDER THE AUSPICES OF THE STATE CHARITIES AID ASSOCIATION IN COOPERATION WITH THE STATE DEPARTMENT OF HEALTH.

HON. SIMON W. ROSENDALE:

Commissioner, State Board of Charities of New York

At the recent annual State Conference of Charities and Correction Governor Hughes made, as he always does, an eloquent address, and very eloquently referred to that conference and the delegates there in attendance, as the representatives of the organized militia of philanthropy. In that view, this meeting which has responded to the bugle call of one of the divisions of that militia of philanthropy may well be taken as a militant body, ready as it is, and we are, to give battle to one of the most serious enemies of our beloved commonwealth, and our first duty in that regard, therefore, will be to salute the chief magistrate of this beloved state, and to salute him particularly as the commander-in-chief of all its military and naval forces. And our further duty will be to report to the great general of this great division of the militia of philanthropy that distinguished gentleman the President of the State Charities Aid Association, who not only deserves the title of general of the division, but has worthily earned the greater title of field marshal in the international army of philanthropy. I take great pleasure in presenting the presiding officer of the evening, Hon. Joseph H. Choate.

HON. JOSEPH H. CHOATE:

President State Charities Aid Association

Ladies and Gentlemen: It is by a very narrow chance that I am here to speak to you at this moment. The battle against tuberculosis is as nothing compared with the battle at the front door

of this hall when I came in. One young lady was dragged through the crowd at my side at the top of the steps. I think there was a good deal of damage done by that crowd pressing to get in. Mothers were separated from their daughters. I heard this young lady crying out "I wonder where my mother is." Mothers, and daughters, husbands and wives, were separated on the steps of the hall.

I consider it a very great honor to be called upon to preside here to-night, in the capital of the state, at a meeting assembled for so great and good a cause as this. It is now five years since, in the city of London, I attended a meeting equaling this in numbers and enthusiasm, called for this same purpose, presided over by the Duke of Cambridge and supported by the ambassadors of all the nations, to set in motion a campaign against tuberculosis. That campaign, I believe, in these five years has done a vast deal of good. In the State of Massachusetts great progress has been made in the same direction, and there they have suffered terribly. Since the foundation of the colony, consumption, tuberculosis, has been the great ravager of the New England population. I am not surprised to see by the statistics that 3,000 deaths a year in the single State of Massachusetts are to be credited to that dread foe. I am afraid that the State of New York is a little behind in this business, especially in the districts outside of the city of New York, where very considerable progress has been made. If I am rightly informed, the death rate from this particular cause, tuberculosis, in the last twenty years in the city of New York has diminished something like fifty per cent. Very great efforts have been made there. Many expedients have been resorted to and above all the vicious crime of spitting has been very largely suppressed. You can ride from the Battery to Kings Bridge in the cars and are not likely to be offended or endangered by that habit of spitting. I think the reform that has taken place in the city of New York in that one respect will extend, if it has not already done so, throughout the State.

Now, why am I here as president of the State Charities Aid Association? That association was organized some thirty-six years ago for the purpose, as its name implies, of aiding the administration of public charity in the State of New York. It was for the purpose of giving such aid as it could to the representa-

tives of the State government and the localities in the various institutions of public charity throughout the State. Perhaps you hardly realize what an army of people are gathered in those institutions of charity in this one State. I believe they now number over 100,000 people, and they are maintained by the public at an expense exceeding \$20,000,000 annually.

Well, now, everything that tends to reduce that tremendous burden upon the State,—everything that tends to the mitigation of the evils which result in sending persons to those institutions, tends very greatly to the benefit of the community. It is for such effort that this association of which I am president, organized this meeting and is to organize similar meetings throughout the State, and has started this campaign against tuberculosis. One thing the State Charities Aid Association did some eighteen years ago, which I believe you all know something about; that is to say it rescued all the dependent insane in this State from the alms houses and county houses where they were living degraded lives with criminals and with paupers. It secured their transfer to the care of the State itself by which they are now maintained in dignity, and in comfort, under expert medical care, very much to their own betterment and to the improvement of the morals of the whole State.

Now, in looking about us, as our visitors made their visits to these various institutions of charity and made their reports to us, we naturally have been solicitous to know what were the causes that led to this great accumulation of dependent people in these various institutions. It has been forced upon our attention that this very evil of tuberculosis, of consumption, responsible as it is, I believe, for one-tenth of all the deaths in this State, has contributed, and is contributing, very largely to the filling of these institutions. When the fact is known that something like 15,000 deaths occur annually in the State of New York from this one cause, it is high time that the people of the State of New York were aroused to the evil that confronts them.

What family is there in this State, I almost might say what family is there in this country that has not sooner or later suffered from the ravages of this fell disease? Now, we have awakened to the fact which twenty-five years ago was hardly suspected, that it is a disease that in a very considerable measure is curable, and in a still greater measure is preventable. And it is for the purpose

of awakening the attention of the people of this region to the dangers that surround them in this particular, to the means by which its ravages may be prevented, and to the still more important means to the individual, when an individual is attacked, by which he may be cured, that the State Charities Aid Association has thought it worth while to start this movement. Its purpose and plans are to gather great authorities, who will go from county to county and from city to city to instruct the people and set on foot the necessary local measures for fighting this formidable enemy. We have already held a series of meetings in Utica and in Rome, and in Troy. In each of these cities strong local committees have been formed and very active measures have been taken for the organization and development of plans which we hope will lead probably to the prevention of half of the mischief that comes from this source. We hope that the city of Albany for itself and the districts that immediately surround it will follow the example that has been set by its three sister cities to the West and to the North and take this serious matter in hand; and it is to aid that purpose that those distinguished gentlemen whom I shall now introduce to you have been called and have kindly consented to come here to-night.

First and foremost I shall call upon one who needs no introduction to the people of Albany, or to the people of New York, and upon whom the entire nation has set their eyes.

HON. CHARLES E. HUGHES:

Governor of the State of New York

Mr. President, Ladies and Gentlemen. This large meeting is significant of the deep interest that is being taken in a subject too long neglected, the public health. We are indebted to the State Charities Aid Association that, throughout the State, it is organizing meetings and conducting what is properly termed a campaign for the purpose of exterminating this great plague of tuberculosis. We are indebted to the distinguished president of that association for giving this meeting the opportunity of greeting him, foremost in so many good works, and ready in these, I may say, the happiest years of his life, to give stimulus and inspiration to public undertakings of first importance. (Applause.)

The fact that we are here and that I am called as Governor

of the State to take part in a meeting organized by the State Charities Aid Association, suggests to me the preliminary observation that it is remarkable what a vast amount of effort is put forth in this State to see that officials do their duty. We have first a great variety of charitable institutions with their superintendents and other officials and then we have boards of managers having the supervision of the institution to see that those officers attend properly to their business; and then we have the State Board of Charities supervising all those boards of managers and all these officers, to make sure that the work is properly carried on; and then comes the State Charities Aid Association, an unofficial body, which takes upon itself the duty of seeing that the State Board of Charities and the boards of managers and the officers under them, attend properly to the charitable work of the State; and then finally the great public comes in with its energy, to see that the State Charities Aid Association spends properly the money that is contributed for this noble purpose.

There is another preliminary observation that occurs to me and that is that it is a matter for congratulation when you can aim the State gun at a great evil, knowing that with a proper sight you can make a bull's eye. It is not so easy as might be supposed to define the evils that afflict the body politic and one of the first necessities is to make an accurate definition and then provide a remedy that fits the abuse, but here we know what the evil is. It is said, and those who come after me are far better qualified to speak upon that subject, that we know what to do, and apparently know about all that is needed for the purpose of practically wiping out this great scourge of mankind. What we need is intelligent effort, determination, and willingness to take the steps that may be pointed out by those familiar with this particular subject. We have already assured to us the beneficent co-operation of private effort and of public officials. There should be a further quickening of those who are charged with official responsibility and also of those who by special training and experience, are able to suggest and apply the particular remedies to which this disease must inevitably succumb.

Later in the evening, I understand, we shall hear from a number of representatives of the medical profession. I find when I come in contact with doctors that they spend most of their time making fun of lawyers, and nothing is so intensely humorous to

me as to see lawyers and doctors exchange compliments with regard to the effects of their respective professions. What lawyers say about doctors may not, as Mr. Dooley says, be fit to repeat (laughter); but I would say this on the authority of a distinguished expert, a man of first rank in the medical profession of this State, that what is most needed in connection with the campaign against tuberculosis is capacity for accurate diagnosis of the disease in its earliest stages (applause). While we as citizens of the State are desirous that everything should be done through private organization and through the wise expenditure of public moneys, to put a stop to this evil, we have a right to call upon those who have the opportunity of expert training, to provide special studies and courses of studies, so that the great profession of medicine will itself be able to cope with this disease,—not with the later and incurable stages, but by proper diagnosis at the start, upon which all schemes for segregation and all schemes for prevention and isolation of the disease must depend. This is a matter to which the medical profession should give its most serious attention; and if I have spoken too freely on the subject, or if doctors who come after me should challenge any of my statements, I can only plead one of their most distinguished members as authority for what I have said.

But we must go beyond that. We have got to stimulate our local officials to an appreciation of what is within their power, particularly our local boards of health. I am a great believer in local government, and I believe if the citizens of each community would bestir themselves and insist upon the enforcement of laws in their community and the enactment of just regulations, particularly in regard to the matter of public health, we would have such an agreeable change in the complexion of our public affairs that it would seem as if we had entered upon a new era. And in this particular matter, by the dissemination of correct information, by careful watchfulness to secure a report of every case that may exist, by insisting upon compliance with necessary regulations, our local boards of health may perform a very important function; and upon them, next to the diagnosis of the physician, will depend largely the success of the campaign. When it comes to the action of the State authorities, of course they must exercise supervision over local officials and be ready to prescribe wherever necessary the regulations which should be adopted for proper efficiency in particular communities.

When it comes to the question of all the State should do apart from the equipment of its State Commissioner of Health, with proper means to carry on his work of supervision, I confess it presents a very difficult question. We have to-day in this State an important institution for the treatment of incipient pulmonary tuberculosis. It is doing an admirable work. I think I mistake not in saying that it appears that of the incipient cases something over eighty per cent. have been found curable; eighty per cent. of the cases that are properly defined and prescribed for treatment in the early stages of the disease may be rescued.

We may look at this purely from a humane standpoint and think of the amount of suffering, and think of the sorrow that enters into the homes of our people under this terrible scourge, or we may look at it solely from an economic standpoint and think of the waste of productive efficiency. Think of the loss to the State, to say nothing of the imposition of the extra burden upon the State, caused by the dependent cases of which the President has spoken. But whether we regard it from either standpoint, or as we should, look at it from both standpoints, the State certainly has here a most important duty to perform. That institution at Raybrook must be brought to the highest degree of efficiency that is attainable, and for the purpose for which that institution was devised. It is entirely proper also that the State Commissioner of Health should be provided with means so that there may be a spreading of necessary information by providing for acquaintance with necessary regulations; so that, under the State, there may go forth emissaries with proper information, with proper instructions, to the various communities, so that there may be a centre for the whole work of this campaign. But my friends, nothing that the State may do in this matter, or that the local authorities may see fit to attempt, will amount to very much if every effort is not backed by public sentiment which demands that to the fullest extent this evil shall be wiped out. If we had, through the misfortune of war, or the sudden rise of pestilence, or through some awful calamity, the destruction of life that annually takes place on account of the spread of this disease, we should be appalled, mass meetings would be held in every community, and demand would be made that the most urgent measures should be adopted. It is only because we are accustomed to this waste of life and are prone to think that it is one of the

dispensations of Providence, that we go on about our business little thinking of the preventive measures that are possible. If the people of the State want to put a stop to tuberculosis, they can insist upon it; and their representatives will go to the fullest extent of their authority; but so long as the sentiment of the State protests against any interference for the purpose of securing the knowledge of the cases that is requisite to proper regulations, obedience to necessary rules, and everything that is essential to a comprehensive effort for the purpose of wiping out this plague, so long we shall have sporadic efforts, successful to a degree, but nothing like that concerted effort which is necessary to put an end to it altogether.

MR. CHOATE:

I think we owe a debt of gratitude to those who are spending their time bringing this subject home to our hearts and to our consciences and if we shall as citizens demand that this work shall go on to a successful conclusion and that the representatives of the people in official capacity shall do their best, the time should come, in years not so far distant, when this blight upon our civilization, so far as it may be disposed of by the action of our Empire State, may be removed. It has been said very truly that the Governor and the other officials of the State were being observed to see whether they are doing their duty thoroughly and according to the real American sentiment, and that reminds me of what happened in London when the Consul-General was sitting in his office and an American, very zealous of American honor, drove up with his four-wheeler with his family inside and baggage on top just freshly arrived from the steamer. He made his visit to the Consul-General and tried to make himself very agreeable and after ordinary conversation the Consul said to his visitor: "Well, sir, what can I do for you?" "You can do nothing for me, sir. I merely called to see whether my Consul was at his post."

Now, I will ask Mr. Kingsbury to read a letter of regret from a distinguished gentlemen whom we could not induce to be present here to-night because of his engagements elsewhere, the President of the United States, who has always had, whether as citizen, as Governor, or as President, the health and the happiness of the people of this great State, closely at heart.

Mr. Kingsbury reads the following letter:

WHITE HOUSE, *January 18, 1908.*

My Dear Mr. Folks: I have your letter of the 17th inst. I wish I could be with you. As I cannot be present, permit me as an old friend and member of the Association and former Governor of the State and a very earnest sympathizer with your practical work for social betterment to tender to the State Charities Aid Association, through you, the assurance of my interest, sympathy and approval in the work they are undertaking to organize, through local effort, associations for the prevention of tuberculosis in the State of New York outside of New York City. Such effort is peculiarly necessary and I earnestly hope for its success.

Sincerely yours,

THEODORE ROOSEVELT.

MR. CHOATE:

I now have the pleasure of presenting Lieutenant-Governor Chanler. I know that he also has the health and happiness of the people of this State very greatly at heart. I am sure he will lend us a good word on this occasion.

HON. LEWIS STUYVESANT CHANLER

Lieutenant-Governor of the State of New York

Mr. President, Ladies and Gentlemen.—I think you will all agree with me that the presence of this vast audience here to-night means that the people of this State are taking an active and wish to take an intelligent interest in the question to be discussed to-night, and therefore, the best evidence which I can give to you of my honest and real sympathy with this movement is not by making a speech to you, which will prevent you from learning from those who know, but by simply saying that I deem it a great honor to be here to-night and to take any part however brief in a movement such as this, which has as its object the destruction of one of the greatest enemies of humanity, which has as its object the furtherance of a scheme which will result in the amelioration of the lives of a very large number of our fellow human beings.

MR. CHOATE:

I have now the honor of presenting to you the Honorable Eugene H. Porter, State Commissioner of Health, for the last

three years. His administration has been energetic and the department has developed under his charge. During the last two years it has taken up the subject of tuberculosis actively and has established a traveling tuberculosis exhibit which is now to be seen in the vestibule of this hall, and he, I am sure, will give us a great deal of instruction upon our duties in this matter.

HON. EUGENE H. PORTER, M. D.

State Commissioner of Health

My friends, on facing such an audience as this, I feel like the stuttering witness who stuttered so badly that the judge said: "Heavens, can't you do any better than that?" "Yes," he said, "Judge, I am all right when I keep my mouth shut." For so many years we have known our distinguished chairman; so many times we have watched him fill positions of responsibility with credit and capacity, so many functions has he discharged for his country that it seems difficult this evening to imagine him in a new role. He is a versatile man, one who can play many parts, and so at the meeting of the Bar Association in New York last Friday night he developed into a sort of a kind of a doctor. He diagnosed the prevailing disease of this country to be over-legislation. He said we have 27,000 laws passed last year. He said it was a bad disease and he called in Dr. James Bryce of whom perhaps you have heard, from London, England, to assist him in the diagnosis, and they located the germ. And so my friends, with your permission and I hope, his acceptance, I propose by virtue of the authority vested in me as an official of the State to appoint our present Chairman as medical consul-plenipotentiary, and in perpetuity to our State Department of Health.

Health may be said to be that particular blessing that we appreciate justly only after its loss. Those that are well see only dimly the possibility of personal illness and the sharp and costly lesson of a serious epidemic is too often quickly forgotten. But as public health is the greatest public blessing, one of the noblest and most imperative duties of citizenship is to preserve and secure its continuance.

The medicine of to-day is preventive medicine. The greatest problems now confronting us relate to the prevention of

disease. There occurred in Massachusetts in 1890, 45,108 deaths from specific causes, and all but 1,814 or four per cent. were assigned by the physicians reporting them to the effect of the same disease. Disease, violence and old age seem to be the principal causes of death; disease causing about ninety-two per cent. And if disease is thus in reality, as it is apparently, the principal agent of death, it is obviously to the prevention of disease that sanitary science must address itself. So we speak of preventive medicine, meaning by that such action as shall prevent the ravages of disease. To the great majority death comes before old age, before the "lean and slippered pantaloan."

The principal function of sanitation and of the application of hygiene in general is the prevention of premature deaths. Sanitary science is the science of health. That branch of it dealing with the environment may be termed public sanitation, while that dealing with the individual may be termed personal sanitation. To sanitary science and the public health belong questions of infection by means of clothing made in sweaters' dens, the conveyance of disease germs of small-pox, scarlet fever or tuberculosis, the questions of polluted water, polluted milk and polluted air; questions concerning the origin, dangers and disposal of sewage; questions relating to dust and disease and the natural history of epidemics. The practice of sanitary science is founded, as applied science must always be founded, upon a basis of established truth. In actual dollars and cents the waste from preventible sickness and death is estimated to amount to more than the taxes paid for all purposes.

During last year 1,500,000 persons died and 4,200,000 were sick, involving the comfort and material prosperity of 5,000,000 homes and 25,000,000 people. Medical men not only believe that at least one-third of this was distinctly and practically preventible with existing knowledge, but that this might be extended to other diseases and the proportion constantly increased by broad scientific research and collective investigation. As an argument for peace we are told that 210,000 men died as a result of battle in both armies during the civil war. As an argument for better health laws and policies it may be said that 750,000 people died of tuberculosis in the United

States during the past four years, and that at least half a million are constantly sick of it. The economic loss is estimated at \$240,000,000—\$330,000,000. Should not an effort be made to prevent this disease as well as typhoid fever, diphtheria, scarlet fever, cholera infantum, dysentery and other domestic pestilences?

Within the last ten years the department of agriculture has expended over \$40,000,000 in the investigation and extermination of Texas fever in cattle, cholera in hogs, pests in cotton, corn, potatoes, grapes, fruit and shade trees, warning farmers against frost and other proper and profitable activities affecting interests having recognized commercial value, while medical men and sanitariums have failed to obtain assistance in their unselfish war against pestilence affecting men, women and children. The State Charities Aid Association under whose auspices we are gathered this evening, is to be congratulated not only on the work it has done in the past, but upon the work it proposes to do in the immediate future. The great work in the past has been to organize and correlate the forces of benevolence along scientific lines. It has sought for the maximum efficiency with the minimum of waste. It has transformed the old charity, bewildered, confused, groping often in the dark, into an ordered, sanitary, uplifting and progressive movement concerning itself with the welfare of men and improvement of their opportunities, until its beneficent influence has been felt throughout the state, and its value fails of adequate measurement.

But in dealing with this most serious problem it may be well to distinguish as clearly as possible between that which should be undertaken by the state, and that which belongs to private charitable endeavor. The state is profoundly interested in the health of its people, considered as a whole; it concerns itself with the health of its cities, its towns, and its various communities. It studies existing conditions, both general and local, in order that it may improve the public health. The state constantly endeavors to protect itself against disease. It deals with communities rather than individuals. It has and can have no concern for the individual unless he becomes a menace to the health of the lives of others; then action is taken to protect the general health.

The various charitable organizations, both local and state, however, deal primarily with the individual. While they do not forget or ignore the requirements and needs of communities, the necessities of the individual are the chief concern; and it is through these private and beneficent efforts that a man or woman dragged down by misfortune, plunged into miserable poverty, destitute and despairing, threatened by deeper degradation is rescued by an enlightened benevolence from the evils of pauperism and pauperization and given an opportunity to begin anew the battle of life. Such work gives to the state citizens worth saving. It is the duty of the state to protect them from disease. And so such a meeting as this, sagacious in conception, successful in execution, with an audience filling all available space, representing the beauty, bravery and intelligence of Albany, addressed by eminent and expert speakers, with all its brilliance and enthusiasm, is yet evanescent in both its character and influence. This is a mere beginning. It tells a story with which you and I, in part at least are more or less familiar; it stimulates our interest and we hope that something will now be done. We must make deeper impress than that, not only on the sands of time, but on the minds and hearts of our fellow citizens throughout the state if we are to advance. We must follow up this meeting with steady, wisely directed, systematic and persistent efforts. And here in very large part at least, lies the immediate work before the Department of Health.

"And there shall be no end to this war." These words of scripture seem most appropriate to our present case.

Let us remember that notwithstanding the years that many of us here knew how to successfully fight tuberculosis, little has been done. The great body of our fellow citizens are still ignorant of and so indifferent to the dangers of consumption and how to combat it. It is not a thirty-day campaign—it is a war to endure for generations against ignorance and inefficiency.

In the state fifty thousand cases of tuberculosis yearly: 14,000 deaths. Think of it! Think of the misery, the anguish, the desolation left in the trail of the white plague. And in the silence that comes when there is heard "Ashes to ashes, earth to earth," shall there not be heard a voice asking us for an accounting?

For the death rate of tuberculosis is not decreasing; it is increasing. The disease is only relative, in proportion to the population. Consumption continues to cause one-tenth to one-eleventh of all deaths and its death rate rises and falls with the general death rate. The vast proportion of these deaths occur between the ages of twenty and forty, when productive power is at its highest. We cannot put in figures an estimate of the distress and suffering, but we may say that the wanton waste of precious lives is a loss of wealth to the state of at least \$70,000,000 annually. Let us remember that consumption is a preventable disease, that it is not at present prevented, nor is it likely to be unless we do something besides talk.

Believing that the prevention of tuberculosis is one of the most important and pressing questions immediately before the Department, it seemed advisable to obtain the aid and advice of men eminent and experienced in this field of work. It is with great pleasure that I am able to announce to you to-night that the following distinguished gentlemen have consented to act as an advisory board to the Department and to give such aid in dealing with this difficult question as is possible: Dr. E. R. Baldwin, Saranac Lake; Dr. Thomas Darlington, Health Commissioner, New York City; Dr. Livingston Farland, New York City; Homer Folks, New York City; Dr. George W. Goler, Health Commissioner, Rochester; Dr. Willis G. Macdonald, Albany; Dr. Alfred Meyer, New York City; Dr. Veranus A. Moore, Cornell University, Ithaca; Dr. J. H. Pryor, Buffalo; Dr. W. H. Watson, Utica.

The work the Department sees right before it after consultation with its Advisory Board may be very briefly summarized as follows:

1. The completion of the State's Tuberculosis Exhibit. The one created last year because of lack of funds was sadly wanting, but so great has been the demand for it that it will virtually have to be reconstructed. I need not explain to this audience the need of such an exhibit.

2. The Empire State's Exhibit at the International Congress. You will remember perhaps, that in September of this year an International Congress on Tuberculosis will assemble at Washington, D. C. It will be undoubtedly the greatest

and most representative gathering ever assembled in this country to consider matters affecting public health. It is imperative that this Empire State of ours be properly represented there by such a complete and comprehensive exhibit as shall conclusively demonstrate her living and active and leading interest in this work. But it will be impossible for the Health Department in pursuance of the instructions of Governor Hughes, to gather together the contributions of all the municipalities, of all institutions, and of all allied departments of the state government and co-ordinate into an harmonious whole unless some funds are supplied.

While the two items I have just mentioned are of great importance, yet the Advisory Board and the Department do not give them first place.

For the active work in the state which must be systematic, persistent and well conducted, it has been agreed that the first two steps might be these:

1. Registration and Notification.

There are several things the state might or could do but there is one thing it must—that is, to insist upon the registration of all cases of tuberculosis. It is absolutely essential that the location and distribution of these cases be known in order that proper measures may be taken for their instruction and relief. You cannot give aid to any consumptive until you know where he is, nor can it be known what help he requires until the case is properly reported and the conditions described.

A bill will be introduced in the Legislature making mandatory registration and notification of all cases of tuberculosis throughout the state. The provisions of this bill will be worked out with great care and we hope and expect the active support of all who are genuinely interested in this work.

2. District Investigation.

The next and most important step that follows naturally after the one preceding is systematic and continuous supervision of the fight against tuberculosis.

The Department should investigate the conditions existing in any given part or parts of the state; should provide for the wide distribution of circulars, pamphlets and other literature bearing on the prevention of the disease; should enlist the

press, the clergy, the school teachers, the Farmers' Institute, the Grange meetings and furnish them with literature and speakers; should instruct health officers and health boards as to their specific duties; should ascertain how the various towns and localities in the state were performing each its part and should do these things constantly and without ceasing. For all this must be done carefully, intelligently, accurately, patiently, thoroughly, over and over again if we may hope to succeed. This supervision of effort and dissemination of information in proper and wise ways for the prevention of tuberculosis will require some considerable amount of money.

Efficiency and appropriations—the union of affinities, the one a complement of the other—married by general consent—let no legislature put them asunder.

For it ought to be true, even if it is not altogether so as yet, that no appropriation of public moneys should be made without a definite expectation of efficient and honest public service in return. To the question: What is the expense of a certain line of work? must be added the significant inquiry, what service has been rendered for that expense? But there can be no service without means; there can be only inadequate service with insufficient funds; there can be efficiency in its fullest sense when the appropriation is enough to meet actual needs.

The last Legislature increased the appropriation for our Department by almost \$42,000. The Governor allowed every increase asked for by the Department and stated that he did so in order to increase the efficiency. This increase of income has enabled the Department, for the first time, to begin lines of work that could not be undertaken before because of the expense.

But the appropriation does not as yet, by any means meet the requirements. The total amount of money available for the Department, exclusive of the Cancer Laboratory, is still less than \$100,000. We are still severely crippled in the amount allowed for Investigation, for the Division of Engineering and for the Division of Laboratory Work. I have no hesitation in stating that the efficiency of the Department is materially lessened and its administration hampered by lack of funds.

Pennsylvania for the two years beginning June 1, 1907, has appropriated for its Department of Health—after the payment of the annual salary of the Commissioner, \$10,000, and the salaries of numerous other officers, the sum of \$1,459,312—\$400,000 of which is for “the dissemination of knowledge relating to the prevention and cure of tuberculosis.” I may add that the appropriation made by Massachusetts also exceeds that of New York. All we want is enough to do thoroughly and well the work that lies before us.

We must remember as a noted scientist said recently “As we march onward toward the true goal of existence, mankind will lose much of its liberty, but in return will gain a large measure of solidarity. The more exact and precise a science becomes, the less freedom we have to neglect its lessons. We know now that if we have learned how to prevent a disease we have gained a new duty—we must not shirk it—and we further know that the path lies straight before us.

In this war in which we are engaged let there be no wavering or faltering in the ranks.

On the night of July 2, 1863, after a bloody battle a council of war was convened by the commanding general. The corps commanders present expressed their views. Slocum, being the ranking officer in the council, was the last to reply. He said: “Stay and fight it out.” Slocum was not an orator, but no orator made a better speech. It was brief like Caesar’s *veni, vidi, vici*, but it told the whole story. Stay and fight it out was the advice given by the council to General Meade, who was not satisfied with his position at Gettysburg. The army of the Potomac did stay and fight it out and the story gained is the last comment that can be made.

Let us enlisting for the war “STAY AND FIGHT IT OUT.”

At the meeting of the Tuberculosis Advisory Board held in the State Department of Health, Monday afternoon, January 27, at which were present Drs. W. G. Macdonald, Albany, N. Y.; J. H. Pryor, Buffalo, N. Y.; S. R. Baldwin, Saranac Lake, N. Y.; V. R. Moore, Ithaca, N. Y.; W. H. Watson, Utica, N. Y.; A. Meyer, New York City; G. W. Goler, Rochester, N. Y., and the Hon. Homer Folks, of New York City, the following resolutions were passed:

1. *Resolved*, That a bill be presented to the Legislature providing for the notification and registration of all cases of tuberculosis.

2. *Resolved*, That in the opinion of the Tuberculosis Advisory Board it is most important that adequate steps should be taken to prevent the importation of tuberculous cattle into the state.

3. *Resolved*, That the Legislature should be asked to place at the disposal of the State Department of Health adequate funds for the investigation of tuberculosis and for the taking of such measures as it may deem necessary for its suppression.

4. *Resolved*, That the secretary of the Tuberculosis Advisory Board draw up a preliminary report stating what has been done in New York State in connection with the tuberculosis problem; what has not been done and what can be done.

5. *Resolved*, That the Advisory Board strongly endorses the educational value of the state tuberculosis exhibition which is now being shown around the state and believes that it should be duplicated.

MR. CHOATE:

I now have the pleasure of introducing Mr. Martin E. McClary, of Malone, New York, another lawyer, turned doctor, for he has been president for several years of the Board of Managers of the New York State Hospital for Incipient Tuberculosis at Raybrook, near Saranac Lake. I am sure he will have something very interesting to tell us.

MR. MARTIN E. McCLARY:

President, Board of Managers, New York State Hospital for Incipient Tuberculosis

Ladies and Gentlemen, Good People of Albany.—I am asked to say a word to you about the needs of New York State Hospital for the Treatment of Incipient Tuberculosis at Raybrook. It has a very long name and it is a long distance from our centers of population. I thought first that it would be impossible to repeat the name in the five minutes which has been allowed to me. Then I thought if I took thirty minutes to tell how much I thought of the chairman and forty-five more to tell what I thought of the Governor, that most of my time would be exhausted. I want to tell you just one word

about Raybrook. Although it is a long way off, it is a short way to life and health for very many of our unfortunate citizens. Its needs are many, easily understood and readily found and granted; to my mind they stand in about this order. First, a better knowledge on the part of the people at large, of the purpose for which Raybrook was founded and is maintained. Elsewhere throughout the state, we have prepared and are maintaining homes where people may happily live until death gives them freedom. The fundamental idea of Raybrook is to give life and to give health to those who stand face to face with this dread disease, and yet upon whom its clutches have not been as yet riveted. The purpose of Raybrook is to save the lives of those whose lives can be saved. It is not a hospital for the victims. Elsewhere our people and our state must provide for such. Now the question is, can we fill Raybrook with those? Well, we have 150 now, and perhaps in the summer time we could take care of 200, and there are literally thousands that need Raybrook for what Raybrook can give them because it can give them life.

Now, remembering the five minutes, our second need is this: That God will put into the hearts of those who have the care of our poor in all the counties of our state enough of the milk of human kindness that they will not weigh the five dollars per week required by the state from the county against the life of one of the least of these, His creatures.

The incipient has not yet become a county charge, and Raybrook is there to save him, and *his* from ever becoming such. Third, the next great need to my mind is a broader knowledge on the part of all our legislators as to the method of treatment at Raybrook, and what we require there. I could give you an extended list of what we need at Raybrook, but this is not the time nor the place. We need a superintendent's house. We need another house for employees. We need more tents, but they are coming. But most of all we need the prayers, the sympathy and the intelligent co-operation of those who love humanity, and who see in this dread disease a menace to the happiness and prosperity of our people. By being here to-night, the good people of Albany are answering in a way that question that was asked 2,000 years ago, "Who is my neighbor?"

MR. CHOATE:

Now, ladies and gentlemen, you will have an opportunity of sitting at the feet of Gamaliel, for I have the honor of presenting to you Dr. William H. Welch, who is the Professor of Pathology in Johns Hopkins University, and the acknowledged leader of scientific medicine in America. He is President of the Board of Trustees of the Rockefeller Institute for Medical Research, and was president last year of the American Society for the Advancement of Science.

It is a very great compliment to this city and to this company that he has come all the way from Baltimore to enlighten us as to what we may reasonably hope to accomplish in the campaign we have undertaken. (Applause.)

PROF. WILLIAM H. WELCH, M. D., LL. D.,

Johns Hopkins University, and President Board of Trustees, Rockefeller Institute of
Medical Research

Mr. Chairman, Ladies and Gentlemen.—To those who have so long pleaded the cause of public health in this country, often, it seemed, to deaf ears, this occasion must be a source of great encouragement and inspiration. The interest manifested by this large audience, the presence as presiding officer of one of our most distinguished citizens, the stirring addresses of the Governor and other speakers, and the participation of so many eminent in public life, in philanthropic effort, and in medicine and sanitation, are indications of a great awakening in behalf of the health of the people of this State.

This awakening has come mainly through interest in that disease which may truly be called "the disease of the people." No other disease merits this designation in equal measure with tuberculosis, which carries off one third of those who die at a time of life which should be that of the greatest productive energy. The people have recognized their true foe in tuberculosis, and are stirring to the combat throughout the civilized world.

It may be asked why it is necessary to arouse the public regarding the prevention of tuberculosis more than concerning other preventable diseases. Many triumphs of preventive medicine have been achieved without this great upheaval of popular interest. The necessity of enlisting the active interest

and support of the public in the campaign against tuberculosis is due not solely to the extent of the ravages of this disease, enormous as these are, but to the fact that the prevention of tuberculosis is a social and economical problem as well as a medical one, and that therefore not only medical and sanitary measures but also other forces of the community—legislative, administrative, philanthropic, educational—must co-operate in the struggle. An important aspect of the crusade against this disease is that success in the struggle signifies also social betterment, enlightenment in ways of healthy living, awakening an intelligent interest and education in individual and public hygiene in general.

The thought which comes first to my mind, as I have witnessed the enthusiasm and interest manifested by this large meeting, is how such energies and forces as have been aroused and are ready to be moved can be so directed and applied as to secure in the most effective manner the best results. It is of fundamental importance to secure the co-operation and co-ordination of all the necessary agencies and to proceed along well defined, systematic lines.

Since the discovery of the tubercle bacillus by Koch in 1882 it has been known that tuberculosis is a preventable disease, and experience has demonstrated that in the initial stage it is curable in the majority of cases. Without the aid of experimentation upon animals this greatest discovery in the domain of bacteriology could not have been made.

It is in my judgment a conservative statement that at least one-half of the existing sickness and mortality from tuberculosis could be prevented within the next two decades by the application of rational and entirely practicable measures, and I believe that we can look forward to a much larger success. You can be assured that the expenditure of money and of well directed energy in this cause will lead to a very considerable saving of human life, and that in no other direction will money expended for sanitary reform yield equally important results to the community.

The essential elements in the solution of the problem of prevention of tuberculosis are clear understanding of the modes of conveyance of the disease, well considered, practicable measures of prevention, based upon this knowledge, the

application of these preventive measures under the direction of skilled sanitary officers, and adequate resources for their application.

The justification for the statement that the death-rate from tuberculosis may be cut in two is based upon the fact that the saving knowledge which we possess regarding this disease is at present only most inadequately and imperfectly applied in prevention, and that even this inadequate application has brought about a notable decline in the mortality from tuberculosis in many communities, and, it would appear, precisely in those places where preventive measures have been most effectively employed.

In Prussia the death-rate from tuberculosis has diminished about forty per cent. in the last twenty years. In Sweden there has been a similar reduction. Particularly significant is a like diminution in New York city, which offers unusually difficult problems in consequence of the tenement house conditions and the resulting density of the population and of certain other unfavorable factors. The Health Department of New York city, largely through the admirable work of Dr. Biggs, has achieved a triumph in this regard which has attracted the attention of sanitarians throughout the world. In England the decline in the death-rate from tuberculosis began long before the discovery of the tubercle bacillus and has continued to the present time, but in that country there have been throughout this period special hospitals for consumptives and intelligent public sanitation.

Permit me to indicate very briefly what I conceive to be the more important agencies necessary for the control of tuberculosis.

1. A leading rôle in the campaign against any infectious disease is the notification of the disease to the health authorities, and in my judgment this should be recognized as an essential feature in the administrative control of tuberculosis. New York city deserves the credit of having demonstrated the feasibility and the practical benefits of the notification and registration of tuberculosis. In the light of this actual experience of the workings of the system little weight can be given to most of the arguments which have been and are still urged against its adoption, and I am pleased to hear from Dr.

Porter that an effort is to be made to secure a state law along similar lines.

2. Governor Hughes, in his remarks, touched upon the importance of early diagnosis of tuberculosis. An important aid to this end, which is indeed of the utmost significance, is the establishment of laboratories maintained by municipal and State boards of health and freely at the service of physicians.

There are at least three classes of institutions which are of primary importance.

3. First in importance for the treatment of tuberculosis are sanatoria. This country owes a great debt to Dr. Trudeau, the pioneer in the establishment of sanatoria for tuberculosis in America and the leader in the crusade against this disease. While I consider that hospitals for advanced cases of tuberculosis are more important than sanatoria in the prevention of the spread of tuberculosis, still the latter institutions are also valuable for this purpose in accomplishing the arrest of the disease in those who would otherwise become possible sources of infection and especially in their educational influence extending far beyond the actual inmates. Here the great lesson is most effectively taught that by proper disposal of his expectoration and certain simple precautions the consumptive may render himself entirely harmless as a source of infection to others.

In Germany to-day some twenty-five thousand patients in the early stages of tuberculosis are treated in sanatoria, a number equal to about one-fourth of the total deaths from this disease. Sanatoria on such a scale and frequented by patients to such an extent must rank among important preventive agencies.

4. Hospitals for the isolation of advanced cases of tuberculosis are given by Koch the first position among the agencies for checking the spread of the disease, and their importance is especially emphasized also by Dr. Biggs. These hospitals, unlike the sanatoria, receive the patients who are most dangerous to others and are responsible largely for the spread of the disease. Every populous community should be provided with one or more hospitals for patients in the advanced stages of tuberculosis, and every effort should be made to secure the

transfer to the hospital of such patients, when they cannot be suitably cared for in their homes. Much more should be done than is now customary to make these hospitals attractive to such patients and their friends. One of the greatest difficulties in the crusade against tuberculosis at the present time, especially in this country, is the utterly inadequate provision for these hospitals. There is also difficulty, even where the hospitals exist, in inducing patients to enter them in sufficient numbers.

Under present conditions only a relatively small number, in this country not more than four per cent. at best, of tuberculous patients are cared for either in sanatoria or in hospitals. It is evident that through some other agency the largest number of consumptives must be reached. This is now being accomplished more and more effectively and in constantly increasing measure by the special tuberculosis dispensary. This is or should be an institution in many respects different from what is ordinarily understood by a dispensary. The German conception of this institution is expressed by the designation "information and aid station." The French idea is also that of an anti-tuberculosis bureau, forming a centre for the enlightenment of the public, for hygienic education, for the discovery of centres of tuberculous infection in households and workshops, for the instruction of patients in the precautions necessary to prevent spread of the disease, for the improvement of living and working conditions, for medical care and kindred purposes. Visiting nurses and health inspectors constitute an essential part of the machinery of these tuberculosis dispensaries, which we must rank among the most important and effective agencies in the campaign.

Time forbids more than the mere mention of such recognized preventive measures as the disinfection of rooms vacated by consumptives through death or removal, enforcement of laws and regulations against expectoration in public places, protection of food, especially the milk supply, by suitable laws and their enforcement, sanitary inspection of factories, workshops, lodging houses, etc., destruction of tuberculous sputum and the education of consumptives, of the public and of school children in the elementary facts regarding the origin and spread of tuberculosis, and in ways of healthful living.

Scarcely less important than measures, like the foregoing, specifically directed against tuberculosis, are all conditions which make for the improvement of the dwellings and working places of the poorer classes. Air, light and food are as important for the prevention as for the cure of tuberculosis. Parks, playgrounds, in a word all measures to improve the health of the people, operate in a very direct way in increasing resistance to tuberculosis and in lessening chances of infection. There is reason to believe that no small part in the diminution of the amount of tuberculosis has been due to improvement in the general conditions of living.

The specific measures against tuberculosis must be carried out by the health officials, and especial emphasis must be placed upon the need of a larger number of well-trained sanitary experts in the work of our State and municipal boards of health and of larger resources at their disposal. Upon them must fall the main part of the work in the campaign against tuberculosis. With some notable exceptions our city and State boards of health are far behind in efficiency similar boards in England and Germany. The need of special training for the successful conduct of public health work is most inadequately appreciated by the general public and, it is to be feared, even by the medical profession in this country.

Progress in the struggle against tuberculosis is largely a question of ways and means. I have enumerated some of the more important agencies needed for the control of this disease not with the intention of outlining a programme, but to indicate how inadequately at present preventive measures are in operation and thereby to substantiate the opinion that wider and more effective application of these measures would yield correspondingly better results. Much larger funds are needed than are now available, but it can be confidently predicted that the returns in the saving of human life and in increase of happiness and of productiveness will be out of all proportion to the pecuniary outlay.

What New York accomplishes in this world-wide movement against tuberculosis and the way she accomplishes it have a significance not limited by the boundaries of this Empire State. An especial incentive to prompt action is the opportunity which will be presented next September of demonstrat-

ing to the world at the International Congress of Tuberculosis what this State has done and is doing in the most stupendous struggle against disease ever undertaken by man.

MR. CHOATE:

Ladies and gentlemen, I am sure that not only this audience but all the people of this State, to whom I hope it will be reported, are under a debt of vast obligation to Dr. Welch for the very impressive and valuable address that he has delivered. I have now the honor of introducing the Hon. James W. Wadsworth, speaker of the Assembly, who will say a good word to us, I am sure.

HON. JAMES W. WADSWORTH:

Speaker of the Assembly

Mr. Chairman, Ladies and Gentlemen.—You must know now, and if you don't now you will very soon, that I am a layman when it comes to a discussion of this subject, and that anything I may say to-night will bear very little weight as compared to the addresses which have already been delivered by those who have made a careful study of this great problem. As a layman, I cannot pretend to discuss this subject from a scientific standpoint, nor can I advocate in detail ways and means by which this terrible disease must be combatted, but even though a layman I feel that I appreciate the enormous loss in lives and property which this disease involves, and the absolute necessity of immediate and efficient measures of prevention. I desire to congratulate the officers of the State Charities Aid Association, and the other persons interested in this movement for adopting these means of bringing this matter to the public's attention. It is by such meetings as this, held in various localities throughout the state, great and small, and by means of just such addresses as have been made here to-night by those who know whereof they speak that the public can be aroused and the individual citizen educated.

I think it is proper for me to say that I probably know more about the conditions which exist in the country districts than I do about those which exist in the greater cities. So far as the fight against tuberculosis in human beings is con-

cerned, the people living in the country districts start in under rather the more favorable conditions. I am informed by consultation with some statistics that tuberculosis in the human species is considerably less prevalent in the country districts and in the smaller cities and villages, than it is in the greater cities—a condition which should not cause surprise when one considers the greater opportunities for healthy living. And yet we must not rest content with simply arousing public sentiment and educating local authorities and the citizens in the greater centers of population, and at the same time permitting the disease to increase in the country districts, where it has already made great inroads.

I firmly believe in the value of sane agitation and education on this subject. Its value is demonstrated by the fact that within the last five or six years the rate of deaths from tuberculosis in the greater cities has considerably decreased, while the rate of deaths from tuberculosis in the country districts, where practically no attention has been paid to the problem has practically stood still.

I firmly believe that the methods and the policy being instituted by this organization if applied to the country districts will result in an even more favorable showing than has been brought out in the large cities.

Now, we in the country districts, have another problem to face which is closely related to this one; a problem in which every city dweller must take a great interest, and that is the problem presented by bovine tuberculosis. It has been definitely determined, so I am told, that this disease can be transmitted to human beings from the milk and butter and cheese coming from affected dairy herds, and recent investigations have shown that bovine tuberculosis is prevalent to a large extent in the cattle throughout this state.

In my judgment it is going to be fully as difficult to combat this disease as it is to combat tuberculosis in the human system. It is more insidious among animals, and I believe more infectious. One animal can transmit the disease to a whole herd if they are shut up together day after day in a poorly ventilated barn or stable; and the perplexing feature of the problem is that until the disease has reached an advanced stage, no outward sign is apparent, and we have recourse to

the comparatively clumsy tuberculin test before we can reach an accurate and reliable diagnosis. The finances of the state, the dairy interests themselves and the consumers of milk could not possibly stand the immediate application of the tuberculin test to every dairy animal in the state, and the immediate slaughter of every animal found infected. The state system of testing dairy animals must be enlarged, it must be improved and it must be systematized and carried on as rigorously, as vigorously and as thoroughly as our financial limitations and the best interests of all concerned will permit. And there is not the slightest doubt that the state acting for itself, can accomplish a great deal toward eliminating it from the dairy herds. But the success to be met in this movement will not be, in my judgment, attained so much by the ability of the state to test and slaughter a given number of animals in any one year, as it will be helped and made possible by the example which the state can set in its crusade to the individual owner of the dairy herds; for when it becomes apparent—and it is becoming so to-day—that the prevalence of tuberculosis in a herd will ultimately ruin it and touch the owner's pocket, when he realizes that if he allows it to stay there it will ruin his business, and that it constitutes a menace to the health of his neighbors, and is liable to drive him into bankruptcy, my judgment is that the individual owner will do all in his power to clean up his herd and his stable and eliminate that which threatens his prosperity.

Referring once more to the principal topic of the evening, I want to say that I note with pleasure that the State Charities Aid Association is commencing this movement in this state by arousing public sentiment in the localities, rather than by attempting to persuade the Legislature and the state government to take this up as a state governmental function.

Every city and every village and every community lives under conditions, some of which are peculiar to that particular city, village or community. There are differences in climate; there are differences in the industries which chiefly prevail in given communities; there are differences in the physical and geographical surroundings and the character and the distribution of its population. It would be well nigh impossible, and at best, it would be exceedingly difficult for the state govern-

ment to exercise mandatory control over the whole state in the matter of health regulation; and many of us believe that any attempt on the part of the state central government to exercise such control is not a proper function of the government. There is not a question in anybody's mind that the State Department of Health can be of enormous value in disseminating information, educating local authorities and the people to an appreciation of the seriousness of the situation; and in promulgating what might be considered the standards of prevention. But after all is said and done, the real success in this movement lies in the local officer, the local authority, who knows the local conditions, and who is constantly under the observations of the community he is employed to protect.

It may be said of this matter, as it may be said in most matters affecting government, that the closer we keep the government to the people, the more surely will the people control it and the more responsible will be the local officer. (Applause.)

MR. CHOATE:

Ladies and gentlemen, you will now have the pleasure of hearing Senator Armstrong, of Rochester. He is chairman of the finance committee, he holds the purse of the State treasury, and nothing can be procured from that quarter unless he has been convinced, and I hope he will show us in a few words that he has been.

HON. WILLIAM W. ARMSTRONG:

Chairman State Senate Finance Committee

Ladies and Gentlemen.—Up in Rochester where I live a witness in a lawsuit was asked the other day where he first met his wife, and he said, "Well, I didn't really meet her, she sort of overtook me." While I was listening to Dr. Porter's remarks to-night, I felt as if we had not met the tuberculosis question, but it had sort of overtaken us. I did not agree exactly with the unction, nor with the ominous pause which followed the statement of comparative figures of appropriation between Pennsylvania and New York, because it made me feel as if I had been invited here as the usual horrible example.

The Legislature is not unwilling and has not been unwilling to do its duty. The state has touched this tuberculosis

question so far, and from what I have heard, is apt to touch it in the future, only in two respects. First, its sanatoria, of which Raybrook is its type at present. Prof. Welch says that important as they are, they are but small factors in the solution of the question, and the Legislature agrees with him. It organized the Raybrook institution a few years ago as an experiment for educational purposes, so that those suffering from incipient tuberculosis might be sent there and taught to take care of themselves and returned home, not cured, but possessed of information with which they could not only effect their own cure but teach others, if they would, and so it is largely an educational institution, and I think it has been operated largely as an educational institution and with considerable success. But its capacity has never yet been really tested, and it is yet simply in the experimental stage. The Legislature has kept close watch of the Raybrook institution, as President McClary can testify, if he would, and is ready to support that institution and to erect others if it is necessary. But this is only one of the two points at which the state touches the question.

The other is the State Department of Health. The State Department of Health has received more indulgent treatment from the Legislature than any other department of the state. Last year it received a greater proportional increase in its appropriation than any other state department. Under the very efficient management of Dr. Porter the State Department of Health has been given increased appropriations and I believe he has organized the local boards of health into more efficient and systematic bodies than any of his predecessors have done. And it goes without saying that well organized bodies of this character are going to be important factors in the solution of this question. Now those are the two points upon which the state touches this question. The Legislature realizes that the prevention of tuberculosis cannot be accomplished by dumping into the state bucketfuls of money. It demands intelligent, well directed effort and this great organization is well equipped in that direction. The Legislature must be deemed to be only a co-operating agency in a great movement like this, and I mistake the temper of the Legislature if it does not to the fullest extent fulfill that duty. But it must

be realized that the Legislature is only a co-operative agency and that brains and intelligent effort are worth more to this propaganda in carrying on this campaign than all the money that the state can contribute to it. If money shall be necessary in great quantity it will only be after brains and well directed effort have mapped out the path in which that money can be economically and successfully expended. If nothing more came from the effort in this city than this meeting to-night where the importance of this subject has been brought to the attention of so many men and women as are here to-night and the fact that this disease is capable of prevention and cure, who will say that the effort has been in vain. I only desire to assure the ladies and gentlemen engaged in this movement and those who are here to-night that the Legislature does not believe that it has failed heretofore in its generous support of the State Health Department which has so much to do with this question, nor will it fail in the future. And if our expenses must be curtailed in other directions, I hope the Legislature will never find it necessary to curtail them in the matter of the prevention of disease and the promotion of public health. I am glad to be here to-night, although I have contributed very little to the success of the meeting. I am proud to be associated with the men and women who are engaged in this movement, and I am anxious to have a meeting of this kind organized for the city of Rochester, for I am convinced that we need it in Rochester just as much as it has been needed in Albany.

MR. CHOATE:

I will take just five minutes more of your time for two of the chief officers of our State Charities Aid Association who are at the bottom of this movement and are entitled to more of the credit for it than anybody else. To borrow the words of Senator Armstrong, they are themselves the whole "propaganda" of the whole movement. I mean Mr. Canfield, our Vice-President, and Mr. Folks, our Secretary. I will ask Mr. Canfield to step forward.

MR. GEORGE F. CANFIELD:

Chairman Committee on Prevention of Tuberculosis, State Charities Aid Association

Ladies and Gentlemen.—As Chairman of the Committee on Tuberculosis of the State Charities Aid Association, I am very

glad to have the opportunity to take part in this meeting; but at this hour I wish to take a very small part.

Great leaders in a democracy have been guided and sustained by an abiding faith in the people. The State Charities Aid Association throughout its long career of public usefulness has been guided and sustained by a sublimer and perhaps a rarer faith—a faith in public officials. There is a significance in our name. We are the State Charities *Aid* Association, not an *anti*-association, but an *aid* association, and our methods and our achievements have justified our name. Founded more than thirty years ago, we adopted a policy, commended and illumined in recent times by our illustrious Governor, the policy, namely, of patiently investigating conditions and then taking conservative action based upon the knowledge so acquired. Our conservative action has consisted largely in co-operative work, in co-operating with legislative bodies and with administrative officials. Every right-minded official, according to our belief, and most officials are right-minded, welcomes the co-operation of disinterested citizens, provided their real object is the betterment of civic conditions and not the betterment of their own conditions and the gaining of a little brief notoriety.

Such being our policy and our belief, this problem of tuberculosis appeals to us with a peculiar force, and I feel that our Association is peculiarly fitted to undertake the task which it has assumed. What is needed, as has already been pointed out, is simply a patient investigation of conditions, the education of ourselves and the community at large, and the enlightened and effective action, legislative and administrative, which results from such investigation and education.

We began our work in the city of Utica. As many of you may know, the State Charities Aid Association, represented by a central board of managers in the city of New York, has an organization throughout the state, through its local county committees. We began our work in the city of Utica through a sub-committee appointed by our local Oneida County Committee and we have already accomplished many specific results. A definite programme of constructive work has been adopted by this sub-committee, and considerable progress has been made in studying local conditions, in ascertaining the

location or what might be called the habitat of the disease, and the means needed for the proper care and treatment of it. The interest of the medical profession has been aroused and its active co-operation has already been secured. This will lead to the more general notification and registration of tuberculosis cases—which is one of the first and most important steps. The Utica Dispensary is to establish a Tuberculosis Department, to which a visiting nurse will be attached. She will visit the homes of the poor where the disease has been located, and will bring to them a better knowledge of the disease and of the methods of treatment, and will see to it that these methods are applied, so far as practicable. The city is also to employ a bacteriologist, who will, without charge, make examinations of the sputum that may be sent to him by any physician. This will lead to a more general and a more prompt discovery of the tuberculosis cases, and the value of this lies in the importance of discovering the disease in its incipient stages. Arrangements are under consideration for the proper segregation in separate pavilions of the tuberculosis patients in the Oneida County Almshouse, and for the construction of separate pavilions on the grounds of the Utica General Hospital, where the more advanced cases may receive proper treatment. General educational work has been done by means of public meetings, the tuberculosis exhibit of the State Department of Health, by the distribution of literature, and by articles in the press.

Originally we had supposed that all our activities for a considerable period of time would be limited to one city, and that, after having shown what could be accomplished there by steady and enlightened work, we should proceed on the basis of such results as an object lesson to other communities. But the interest in our work has grown so rapidly, that we have already entered upon similar plans of action and laid the foundations for similar results in the cities of Rome and Troy, and finally we have come here to the city of Albany in the confident expectation that a vigorous campaign will be begun here with the same promise of success as elsewhere.

As Dr. Welch has told you, there is a very general agreement among the medical profession as to the nature of this disease and as to the proper care and treatment of it; and

there is a very general agreement that with proper treatment, at least, if it is begun in the incipient stages, the disease is largely curable. All that is needed, therefore, for the successful prosecution of the campaign which we inaugurate to-night is a more general diffusion among the people of the knowledge already possessed by mankind, and the more general application of those remedial measures which experience has demonstrated are adequate to the prevention and the cure of tuberculosis. The function of our Association and of this movement is to aid in the diffusion of this general knowledge and to aid in putting in motion and keeping in motion the machinery required for making this knowledge effective. Our function is to bring about that co-ordination and co-operation of the forces of society which Dr. Welch has told us is needed to make the medical science of the day count for effective results.

In spite of peace conferences, the glories and heroisms and seductive accompaniments of war still thrill the degenerate heart of man. In spite of peace conferences, we still summon and arouse the courage and enthusiasm needed for grappling with civic problems by analogies and figures of speech drawn from a militant organization of society; and so to-night, in spite of the presence of our distinguished representative of peace at the Hague Conference, we talk of our work as a warfare, a campaign or crusade against tuberculosis. And really it is a warfare or campaign upon which we are asking you to-night to enter with us. This terrible disease, with its long roll of victims and its still more ghastly record of suffering and poverty and havoc spread throughout the fair field of labor and industry, presents itself to us all as a deadly foe, and a foe upon which it is high time that mankind should now declare war and carry on a persistent and aggressive warfare. A deadly foe I call it, for a deadly foe it is and has been, but deadly it need not be, or at least not so deadly as it has been, for science has already discovered the means of controlling it, and our Association hopes as the result of this movement to be able to supply the weapons with which this foe may be crushed, so far as this city of Albany is concerned. And crushed it will be if we make good use of our opportunities, and pressing forward with sustained interest and enthusiasm in our cause, we adopt and apply from time

to time and so far as practicable the measures required for converting our knowledge into effective action.

HON. HOMER FOLKS:

Secretary State Charities Aid Association

NOTE.—On account of the lateness of the hour, Mr. Folks asked to be excused from speaking. He was to have spoken upon "Conditions in Albany and Vicinity in Relation to Tuberculosis."

For purposes of record Mr. Folks dictated the following statement to be included in the proceedings of the meeting:

What about Albany?

We are more or less familiar with the facts pertaining to the State as a whole. The annual mortality of 15,000 is firmly fixed in our mental perspective. We have also heard much about the prevalence of tuberculosis in the city of New York with its disease fostering tenements with their minimum of air and light.

It has been a good deal of a surprise to the State Charities Aid Association to find that New York city is far from having the highest death rate from tuberculosis among the cities of the State. We find that the group of cities in the upper Hudson Valley appear to suffer more severely than other cities in the State. Without attempting to mention them in the order of highest mortality, it appears that Cohoes, Albany, Troy, Rensselaer and Kingston all have extremely high death rates from tuberculosis. In the city of Albany, we find that during the past 8 years, 1900 to 1907 inclusive, the deaths from tuberculosis numbered 1717 an average of 214 per year. The total number of deaths in the city of Albany during this period was 14,259, so that the deaths from tuberculosis amounted to 12.6 per cent. of the total number. Turning to the deaths occurring between the ages of 20 and 50, the productive years of life, we find that the percentage of deaths in Albany due to this disease during the past 8 years has varied from 26.81 per cent. to 29.93 per cent., only a little less than one-third of the entire number of deaths in this age period.

It is difficult to overestimate or even to convey any adequate impression of these terrible facts. In the city of Albany the deaths from tuberculosis during 1907 occurred considerably more frequently than one every other day. They average 4 per week. The economic loss constitutes a most serious drain upon the pro-

ductive efficiency of the community. If an able-bodied slave was worth \$1,000 or more, certainly a free man is worth as much and the 143 persons between the ages of 20 and 50 who died in this city last year from tuberculosis represent an actual loss in wage earning capacity of not less than \$15,000 per annum to say nothing of all the burden arising from illness and death, from orphanage and widowhood.

Having said this much, it is a pleasure to be able to add that in no other city in which we have made an investigation have we found as much intelligent work already under way as in Albany. The reporting of cases of tuberculosis to the health authorities and the establishment of a complete register of such cases have been repeatedly set forth as the first important step in the control of the disease. I am pleased to be able to state that registration has made very substantial progress in Albany and that 28 per cent of all deaths from tuberculosis last year were of patients who had already been registered as such in the health department. A day camp for tuberculosis was maintained during the summers of 1905 and 1906 and the records indicate that the patients in a majority of cases were greatly improved by the care which they there received. The Guild for the Care of the Sick is doing able work in the home care of a small number of consumptives,—would that their means and energies could multiply so as to include in their beneficent work a hundred fold more than the present number of their beneficiaries. The patients suffering from tuberculosis at the County Alms House are segregated from other patients.

On the other hand, it has to be said that the sanitary oversight of the homes of the people is as yet in its infancy. The provisions for insuring proper sanitary conditions in tenement houses and, generally, in the homes of the poorer classes of people are woefully inadequate, and the practice of spitting upon the streets and street cars and in public places is most alarmingly prevalent.

The city of Albany is a city set upon a hill. It should set an example to all its sister cities in this region. It has before it an exceptional opportunity to lead the way. We shall confidently look to its local authorities and its public-spirited citizens to promptly set on foot comprehensive measures for the control of this disease, and we shall expect to see a steady reduction in the mortality from this cause until may we not hope, the next generation will find it reduced to but a fraction of its present proportions.

A DETAILED DESCRIPTION OF THE CAMPAIGN, INCLUDING AN OUTLINE OF INVESTIGATION, SHOWING THE RESULTS OF CERTAIN PHASES OF THE ALBANY INVESTIGATION, ILLUSTRATED BY PHOTOGRAPHS, MAPS, CHARTS AND TABLES

That the members and friends of the State Charities Aid Association may have full knowledge of the methods pursued in this campaign, as also those interested in the promotion of work for the prevention of tuberculosis elsewhere, a somewhat detailed description of the campaign will be given in the following pages. The outline which is presented here was drafted by Mr. Homer Folks, and was followed in the investigation made in the city of Utica, and subsequently in the other cities visited.

OUTLINE OF AN INVESTIGATION AS TO THE PREVALENCE OF PULMONARY TUBERCULOSIS IN THE CITY OF UTICA, AND AS TO WHAT REMEDIAL MEASURES SHOULD BE UNDERTAKEN FOR ITS PREVENTION:

Note.—A comprehensive plan for the treatment of tuberculosis in the city of Utica will provide for the following:

- I. The care of consumptives.
- II. The education of the community as to preventive measures.
- III. The promotion of hygienic measures that have a bearing on the prevention of tuberculosis.

They may be further subdivided as follows:

- I. Care of consumptives. This should include provision for:
 - a. The cure of the curable.
 - b. The relief and comfort of more advanced cases.
 - c. The protection of the families of those having consumption.

To these ends it should secure:

- (a) Sanatorium treatment for incipient cases.
- (b) Hospitals for advanced cases who are destitute.
- (c) Home care and medical supervision under proper conditions for cases that cannot be removed to sanatoria or hospitals.

II. Education of the community should proceed by:

- a. Public meetings held in various parts of the city, and for various classes of persons.
- b. Outdoor stereopticon exhibitions.
- c. Articles in the press.
- d. Tuberculosis exhibitions.
- e. Distribution of leaflets through industrial establishments, schools, labor unions, etc.

III. Hygienic Measures having a bearing on the prevention of tuberculosis. Among these may be mentioned:

- a. Prevention of congestion in housing.
- b. Medical supervision of lodging houses.
- c. Supervision of food supplies, especially milk.
- d. Disinfection of premises after the death or removal of a tuberculosis patient.

An investigation should therefore ascertain to what extent these results are now being secured.

OUTLINE OF INVESTIGATION

I. Care of Consumptives.

A. What has been the death rate from pulmonary tuberculosis in the city of Utica during the entire period for which the data is available? How does the death rate from tuberculosis in Utica compare with the death rate from the same cause in other cities of this State of about the same size? How does the *change* in the death rate from this cause in Utica during the period for which the statistics are available compare with the *change* in other cities of similar size in this State. How were the deaths from tuberculosis distributed by wards, or other geographical sub-divisions during 1906? How difficult would it be to distribute the deaths from tuberculosis in Utica during 1906 by street numbers thus locating the particular houses, if any, that seem to be centers of infection?

If it is practicable to make such an analysis of the deaths from tuberculosis during 1906, data might well be secured at the same time on other points, e. g., the distribution of the deaths from tuberculosis in 1906 by age periods, by occupation (if this is shown in the vital statistics), by civil condition, and possibly other points.

B. What is now done for consumptives in Utica?

1. How many incipient cases have been sent from Utica to the State Sanatorium at Ray Brook, or to other Sanatoria?
2. What provision is available for hospital care for advanced cases, either in the city of Utica or at the County Almshouse at Rome?
3. What provision has been made for the home treatment of tuberculosis? This inquiry to be made under the following subdivisions:
 - (1) Are physicians required to report to the Health Department all cases of tuberculosis coming to their knowledge?
 - (2) To what extent is that requirement, if made, actually carried into effect?
 - (3) What is the present number of registered cases?
 - (4) How does the ratio of cases registered in 1906 to the number of deaths in 1906 compare with the corresponding ratio in the city of New York?
 - (5) Of deaths from tuberculosis during 1906, how many had been previously reported as having tuberculosis?
 - (6) What is the attitude of the Health Officials and of physicians generally in Utica toward the reporting of tuberculosis cases to the Health Department?
 - (7) To what extent is the opportunity of securing free analysis of sputum from the Health Department at Albany availed of by many of the physicians in Utica?
 - (8) How many such analyses were secured in 1906 and in 1907, up to date?

C. What is done for cases of tuberculosis reported to the Health Department?

Is the physician making the report called on to make further reports at intervals?

Are cases visited by a physician from the Health Department?

In case the consumptive has insufficient means to secure proper medical care and nursing, is such medical care and nursing provided either by the Health Department, or by other agencies?

Is there a tuberculosis dispensary in Utica, or does any exist-

ing dispensary or hospital make special provision for the home treatment of cases of tuberculosis?

Is there any provision for distributing eggs, milk, or other articles of food to needy consumptives, either by the public authorities or by private agencies.

D. To what extent does the administration of relief to needy families in their homes by public authorities and private agencies take into account the special needs and circumstances of families in which there is tuberculosis?

In how many of the families now receiving poor relief from the public authorities is there a case of tuberculosis?

It may be desirable to secure permission to have a physician visit all these families in behalf of the S. C. A. A. Committee in Utica?

What amount and forms of relief are given to these families? Is it sufficient to insure:

- a. Suitable living quarters, so that other members of the family are not required to sleep in the same room with the consumptive.
- b. Abstention from hard physical labor, or unsuitable labor, on the part of the consumptive.
- c. Special food for the consumptive in sufficient amounts and proper kinds, and
- d. Sufficient food and clothing for the other non-wage-earning members of the household, in so far as the same cannot be provided otherwise.
- e. Compliance on the part of the children of the household with child labor and compulsory school attendance laws.
- f. Proper medical oversight of the patient for the purpose of securing adequate protection for other members of the household.

How far are the above special standards of relief of consumptives' families accepted and carried into effect by private relief-giving agencies?

E. What means, if any, exist for providing employment of suitable character for consumptives who have returned as im-

proved or cured from sanatoria, and whose condition is such as to properly permit work of the right sort?

F. In cases of death from tuberculosis, what is done by the Health Department to insure suitable disinfection of the premises before the rooms are occupied as sleeping quarters by other persons?

II. What measures have been taken to acquaint the wage-earners in Utica with the present knowledge as to the treatment of pulmonary tuberculosis?

To what extent has any work been undertaken, either systematically or occasionally, along the following lines:

1. The preparation of press articles for publication?
2. The holding of public meetings for the purpose of interesting special groups of people, e. g., the medical profession, clergymen, school teachers, labor organizations, etc.?
3. Open air stereopticon exhibitions such as have been successful in Yonkers and elsewhere?
4. The distribution of suitable leaflets by the aid of:
 - (a) Industrial establishments.
 - (b) Labor unions?
 - (c) Public schools, etc.?
5. The posting of suitable bulletins in street cars, public buildings, lamp posts, etc.?
6. The adoption and enforcement of anti-spitting ordinances?

III. The promotion of general hygienic measures having special value in the prevention of tuberculosis:

- a. Has the city a suitable building code, such as will gradually lessen congestion in quarters at present congested, and effectually prevent new centers of congestion?
- b. Supervision of milk. What regulations have been established, if any, in regard to the protection of the milk supply by inspection of the dairies? Through regulation and inspection of places at which milk is sold? Through analysis of milk offered for sale? To what extent is the tuberculine test applied to cows whose milk is sold in Utica?

- c. Medical supervision of lodging houses. What regulations, if any, have been established concerning lodging houses in Utica? Is a license required to open a lodging house. How many such lodging houses are there and what is the average number of lodgers? Do the regulations insure sanitary conditions as nearly as may be with special reference to the probable presence of a considerable number of consumptive lodgers?

RESULT OF ALBANY INVESTIGATION

Some of the facts indicated in the outline of investigation are readily obtained from the vital statistics in the office of any local Board of Health or of the Health Officer. Transcribing the main facts given in the records on a card fac-simile of the death certificate (reproduced herewith), renders it easy to obtain statistical tables giving the information indicated. These cards may be easily sorted into different groups so as to be classified by age, nationality, race, place of residence, etc., etc. These facts are tabulated and charted so as to tell their story at a glance. By the use of a Street Directory it is possible to get the exact location by street and number of the place at which each death occurred during the period studied and indicate the same by a pin on a large map of the city mounted on soft pine which thus graphically shows the distribution of the deaths due to this disease in the different sections of the city. The clusters of pins readily show the portions of the city in which the disease is most prevalent, disclosing centers of infection, and indicating also the sections which are most immune, the latter of course, being the best residential districts of the city. The portions of the map showing the districts in which the laboring class reside are often so heavily clustered with pins as to make it almost impossible to get them all on the map. This is quite clearly shown in Plate No. 1, which is taken from a photograph of the Albany Map, see opposite page 64.

The above statement as to the distribution of the deaths will be confirmed by anyone who is familiar with the residential district of Albany. This map shows that from the 1st of January, 1900, to September 1, 1907, there were 1,840 deaths, exclusive of those dying in institutions and probably not charge-

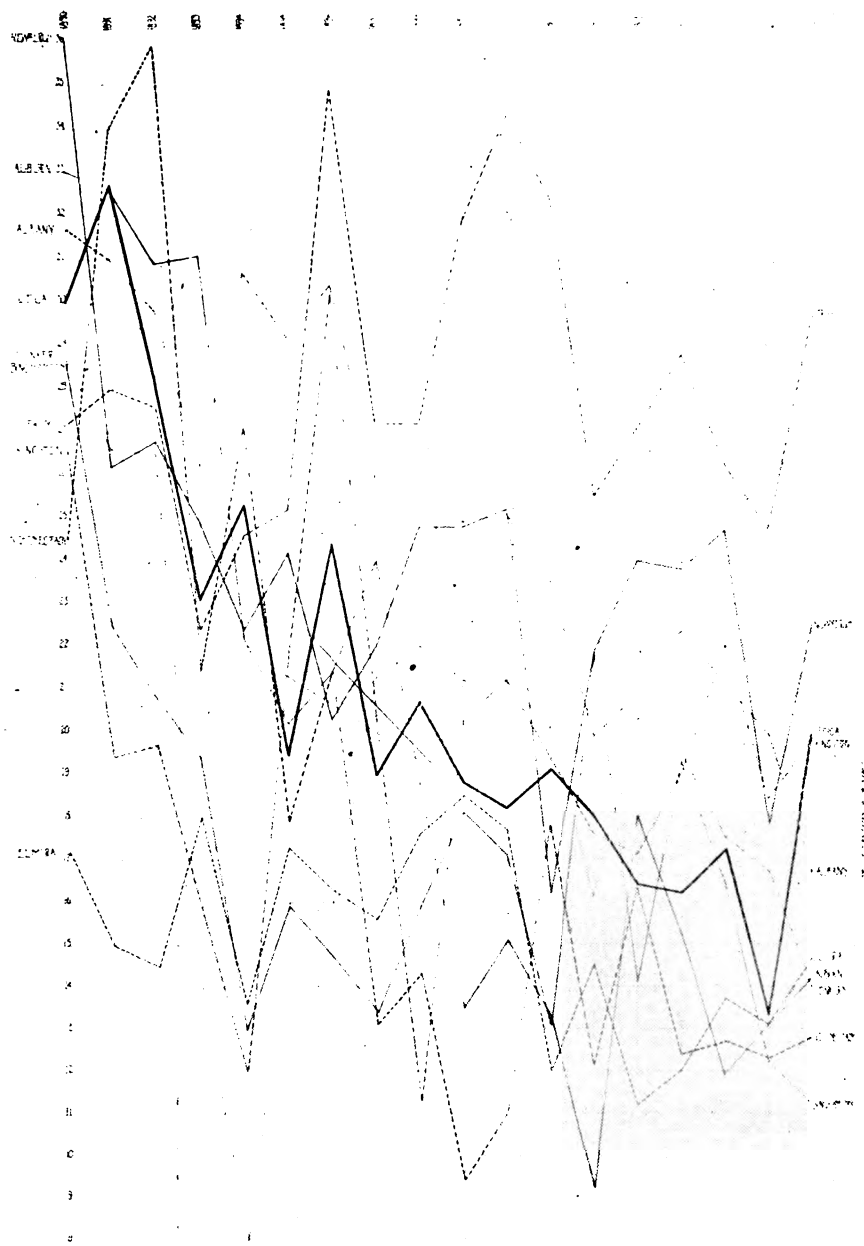
REGISTER NUMBER.....

Date of Death
Name
Age **Sex**..... **Color**.....
Conjugal Condition.....**Occupation**
Birthplace
How long resident in city
Name of father.
Birthplace of father.....
Mother's Maiden Name
Birthplace of mother.....
Place of death...**St** **No**.....
Former or usual residence.....
How long at place of death.....
Cause of death ☐
Duration
Physician
Where employed
Class of dwelling ☒
Apartment
Condition of dwelling
WARD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Block ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐



PLATE 1. The black dots shown in the photograph of this map are pins. Each pin indicates the location of a death from tuberculosis. These deaths all occurred



DEATH RATE

SHOWING COMPARISON IN THE CHANGE IN DEATH RATE IN THE CITY OF ALBANY WITH THE DEATH RATE IN THE OTHER CITIES OF SIMILAR SIZE DURING THE PERIOD FROM JAN. 1, 1907, TO SEPT. 30, 1907.

ALBANY — ALBANY — ALBANY — ALBANY — ALBANY — ALBANY — ALBANY — ALBANY — ALBANY — ALBANY

FIGURE 2. This is a photograph of a chart showing the comparison in the change in the death rate from tuberculosis in the ten cities of the State having a population of from 25,000 to 100,000. The period is from Jan. 1, 1907, to Sept. 30, 1907.

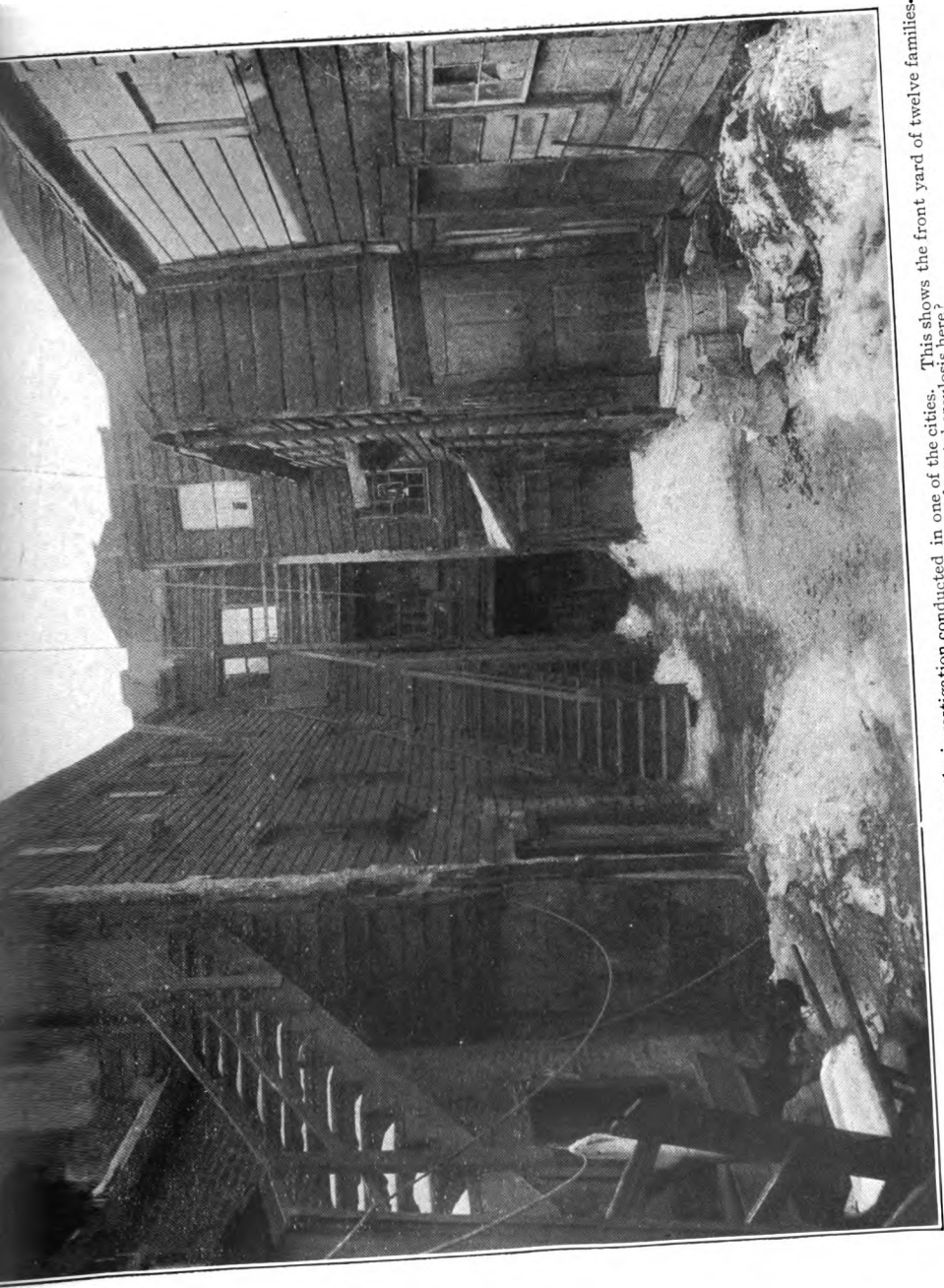


Plate 3.

Showing the housing condition revealed by the investigation conducted in one of the cities. Is it any wonder that there have been several deaths from tuberculosis here?

This shows the front yard of twelve families.

able exclusively to the city of Albany. This number exceeds the entire population of the village of Berne in this vicinity, and almost equals that of the village of Rensselaerville. The pins often indicate five or six deaths in one house within the period studied. In one case there were five deaths shown in one house, all of which occurred since 1904 and only two of which were in the same family. The making of such a pin map is well worth while. The story which it tells is tragic and eloquent and he would be dull indeed who would not be stirred by it. These maps have been one of the most interesting features of the Exhibition.

In addition to these maps, numerous charts and diagrams are prepared, some of which are here reproduced. Plate No. 2 is a photograph of a chart showing the comparative death rate of the ten cities in New York State with a population ranging from twenty-five thousand to one hundred thousand and covering a period of eighteen years, from 1890 to 1907 inclusive. A study of this chart discloses many interesting facts. The chart shown in Plate No. 2 with many others of similar nature is a part of the Exhibition and is always displayed in a conspicuous place and arouses much interest.

Plate No. 3 is from a photograph of bad housing conditions, found in one of the cities in which the campaign has been waged and is typical of housing conditions such as those mentioned above where five or six deaths have occurred in the past decade. In contrast we introduce Plate No. 4, showing a simple but sanitary housing condition where a tuberculous patient is under the careful supervision of a nurse and illustrating one of the methods employed in home treatment by one of the local committees. Such pictures as these are shown in the stereopticon lectures which are given in connection with the campaign.

A few selected tables are here reproduced, with brief explanatory notes.

TABLE No. I.
MORTALITY FROM PULMONARY TUBERCULOSIS IN THE CITIES OF THE STATE,
1907.

CITIES	Population 1907 (estimated.)	Total deaths from tuber- culosis 1907.	Deaths per 100,000 popu- lation from tuberculosis 1907.	Percentage of total deaths from tuberculosis.
Troy.....	77,650	214	275.8	13.2
Cohoes.....	24,291	61	254.2	12.
Newburgh.....	27,120	65	240.7	12.3
New York.....	4,244,411	8,996	212.	11.4
Hudson.....	10,594	21	200.	10.6
Rome.....	17,726	33	186.4	9.7
Utica.....	65,550	122	186.3	9.7
Kingston.....	25,964	48	185.3	10.
Albany.....	100,000	177	177.	9.8
Watervliet.....	14,710	26	176.9	10.2
Middletown.....	15,914	25	157.2	10.4
Little Falls.....	11,418	17	154.5	9.4
Ogdensburg.....	14,842	20	135.1	7.6
Elmira.....	35,734	46	128.9	8.2
Buffalo.....	386,263	496	128.5	8.1
Yonkers.....	67,230	85	126.9	8.
Ithaca.....	15,205	19	126.7	7.7
Rochester.....	189,288	239	126.5	8.1
Watertown.....	26,947	34	126.4	6.7
Oneida.....	8,772	11	126.4	8.6
Auburn.....	32,963	41	124.6	7.7
Geneva.....	12,975	16	124.	8.9
Lockport.....	17,940	22	122.9	8.
Johnstown.....	9,845	12	122.5	8.1
Syracuse.....	121,153	148	122.3	7.7
Plattsburg.....	10,884	13	120.4	9.4
Dunkirk.....	16,702	20	119.8	7.5
Oswego.....	22,720	27	118.9	7.5
Schenectady.....	69,069	81	117.4	7.9
Mount Vernon.....	26,516	30	113.2	7.5
Poughkeepsie.....	25,919	29	112.	5.5
Port Jervis.....	9,819	11	111.1	6.3
Amsterdam.....	25,147	26	104.	6.2
Binghamton.....	43,787	44	100.5	6.5
Rensselaer.....	12,013	12	100.	7.
Hornell.....	13,390	13	100.	7.1
Cortland.....	12,174	11	91.7	7.1
Olean.....	10,443	9	90.	6.5
Niagara Falls.....	29,400	26	89.7	4.9
Tonawanda.....	8,000	7	87.5	6.4
Fulton.....	9,103	7	77.8	6.
North Tonawanda.....	10,591	8	76.2	5.8
Corning.....	14,495	10	71.4	3.7
Jamestown.....	27,446	19	70.4	6.1
New Rochelle.....	22,784	15	66.1	4.4
Gloversville.....	18,800	12	63.8	3.9

Table No. 1 is introduced to show the comparative mortality from tuberculosis of the cities of the state of New York for the year ending December 31, 1907. The cities are arranged according to highest death rate from this cause showing that the largest cities are not necessarily the worst, and also suggesting the need for intensive study of the causes of variation.

TABLE No. 2.

1907.

	Population	From all Causes		From Tuberculosis	
		Number of deaths	Death rate per 1,000 population	Number of deaths	Death rate per 10,000 population
Albany.....	98,537	1,438	14.7	110	16.7
Yonkers.....	64,110	808	12.5	60	14.0
Troy.....	76,513	1,357	16.8	152	29.7
Kingston.....	25,585	387	14.9	34	19.8
Newburgh.....	26,593	404	15.1	40	22.5
Schenectady.....	61,919	810	13.2	53	12.8
Utica.....	65,099	961	14.7	100	22.8
Binghamton.....	43,785	517	11.8	30	11.2
Elmira.....	35,734	451	12.6	34	14.7
Auburn.....	32,963	424	12.8	29	14.2

Table No. 2 from the Albany Report shows the comparative death rate, in the ten cities shown on Plate 2, for the year 1907 from all causes, and from tuberculosis, the former per thousand of population, and the latter per ten thousand. It was from eighteen such tables covering the period of eighteen years from 1890 to 1907 inclusive, that the chart shown in Plate 2, which is greatly reduced in size, was constructed.

TABLE No. 3

SHOWING THE NUMBER OF CITIES, OF THE TEN CITIES STUDIED, FALLING IN CERTAIN GROUPS HAVING DEATH RATES FROM TUBERCULOSIS RANGING FROM 5-9 PER 10,000 TO 35-39 PER 10,000 COVERING THE EIGHTEEN-YEAR PERIOD FROM 1890 TO 1907. THE RED LINE SHOWS IN WHICH GROUPS ALBANY FALLS.

Groups	Death Rates per 10,000	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
No. 1	35-39	1		1				1											1
2	30-34	3	4	2	1	1		2				1	1						
3	24-29	4	3	4	2	3	2	1	2	2	2	2		1	1	1	2	1	
4	20-24	1	1	2	3	2	3	3	4	3	2	2	2	3	3	2	2	1	3
5	15-19	1	2		3		5	3	2	3	3	4	4	3	4	5	3	3	2
6	10-14			1	1	3			2	2	1	1	3	2	2	2	3	5	4
7	5-9					1					1			1					

Table No. 3 from the Albany Report makes a classification of cities by death rates from tuberculosis into seven groups, the lowest having a death rate ranging from 5 to 9 per 10,000, the second lowest ranging from 10 to 14 per 10,000, and so on up to the highest, which indicates the group having a death rate from 35 to 39 per 10,000. The ten cities referred to above as having a population of 25,000 to 100,000 are enumerated in this table for each year, from the year 1890 to 1907, the period covered by the chart shown in Plate 2. No. 2, for example, shows that in 1890, of these ten cities there was but one city falling in the group having a death rate of from 35 to 39 per 10,000, but that there were three in the group showing a death rate of from 30 to 34 per 10,000; four in the group showing a death rate from 24 to 29 per 10,000, and one in group showing a death rate from 20 to 24 per 10,000, and one in group showing 15 to 19 per 10,000. The red line running across the chart shows in which group the city of Albany falls in each year of this eighteen-year period. It also shows the interesting fact that during this period some improvement has been made. It is evident that most of the cities in 1890 fell in the group having a death rate from 24 to 29 per 10,000, whereas, in the year 1907, the largest number of cities are in a group showing a death rate of 10 to 14 per 10,000, a group in which none fell during the first year indicated by this table.

TABLE No. 4

SHOWING NUMBER OF DEATHS FROM TUBERCULOSIS BY WARDS IN THE CITY OF ALBANY FOR THE 8-YEAR PERIOD FROM 1900 TO 1907, AND THE DEATH RATE FROM TUBERCULOSIS FOR EACH WARD IN EACH YEAR OF THIS PERIOD, TOGETHER WITH THE AVERAGE DEATH RATE FOR EACH WARD FOR THE ENTIRE PERIOD.

Ward:	Popula- tion (1900)	1900		1901		1902		1903		Popula- tion (1905)	1904		1905		1906		1907		Total No. of deaths for each ward during 8-yr. period	Average death rate for each ward for 8-yr. period
		Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate		Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate		
1.....	6356	8	12.5	7	11.0	7	11.0	10	15.7	6394	19	25.0	7	10.9	10	15.6	11	17.2	76	14.8
2.....	5540	11	19.8	12	21.6	10	18.0	18	32.4	5589	10	17.8	11	19.6	9	16.1	18	32.2	89	19.9
3.....	5370	21	39.1	18	33.5	12	22.3	17	31.6	5053	13	23.9	13	22.9	15	26.5	14	24.7	123	27.9
4.....	4741	8	16.8	11	23.2	6	12.6	11	23.2	4951	18	36.3	15	30.2	12	24.2	11	22.2	92	23.5
5.....	5155	12	23.2	19	36.8	10	19.3	8	15.5	5547	11	19.8	9	16.2	15	27.0	7	12.6	91	21.3
6.....	4456	3	6.7	12	26.9	8	17.9	8	17.9	4536	7	15.4	9	19.8	18	39.6	5	11.0	70	19.4
7.....	4966	10	20.1	9	18.1	12	24.1	11	22.1	5132	11	19.9	11	21.4	9	17.5	9	17.5	72	17.8
8.....	4949	13	26.2	17	34.3	12	24.2	11	22.2	5068	11	21.7	11	21.7	11	21.7	13	25.6	99	24.7
9.....	4054	13	32.1	19	46.9	10	24.6	8	19.7	4007	9	22.4	14	34.8	10	24.9	6	13.4	76	23.5
10.....	4530	15	33.1	9	19.8	6	13.2	9	19.8	4434	11	24.8	5	11.2	3	6.1	9	20.2	70	19.4
11.....	4597	12	26.1	10	20.7	18	39.1	9	19.5	4847	11	22.6	8	16.5	3	6.1	7	14.4	78	20.7
12.....	5960	18	30.2	22	36.9	17	28.5	6	10.0	6021	23	38.1	12	19.9	9	16.1	7	11.0	114	23.7
13.....	4464	3	6.7	7	15.6	7	15.6	8	17.9	4572	11	24.0	11	24.0	9	16.1	5	10.9	56	15.4
14.....	4928	4	8.1	4	8.1	5	10.1	10	20.9	5273	6	11.3	7	13.2	6	12.4	9	11.3	48	11.7
15.....	4141	9	21.7	10	24.1	4	9.6	7	16.9	4160	12	28.8	13	31.2	11	26.4	9	16.8	73	21.9
16.....	6007	9	6.6	11	18.3	5	12.0	8	13.3	6108	8	12.8	7	11.2	8	16.6	4	6.4	56	11.4
17.....	4221	9	21.3	10	23.6	3	7.1	9	21.3	4800	8	16.6	9	18.7	8	16.6	7	14.5	65	18.0
18.....	3639	6	16.4	6	16.4	3	8.2	9	24.7	3885	6	9.2	5	12.8	4	24.6	3	7.7	39	13.0
19.....	6077	9	14.8	9	14.8	7	11.5	8	13.1	6479	6	9.2	12	18.5	10	24.6	8	12.3	75	14.8
Unclasi- fied...		1						2			1								4	
Total..		184		211		171		177			193		189		181		160		1466	

Table No. 4, from the Albany Report, shows for the eight-year period, 1900 to 1907 inclusive, the death rate from tuberculosis for each year by wards, and the average death rate from this cause for the entire period. It will be noted that there is a great variation between the wards, ranging from 27.9 per 10,000 in the Third Ward to but 11.4 in the Sixteenth Ward. This, of course, is much more graphically shown in the photograph of the Map Plate 1, (p. 65.)

TABLE No. 8

SHOWING FOR THE EIGHT-YEAR PERIOD FROM 1900 TO 1907 THE NUMBER OF DEATHS IN THE CITY OF ALBANY BETWEEN THE AGES OF 20 AND 50 FROM ALL CAUSES AND FROM TUBERCULOSIS, TOGETHER WITH THE PERCENTAGE DUE TO TUBERCULOSIS.

Year	No. of deaths from all causes	No. of deaths due to Tuberculosis	Percentage of deaths due to Tuberculosis
1900.....	566	153	27.
1901.....	578	173	29.9
1902.....	520	149	28.6
1903.....	522	146	26.8
1904.....	558	166	29.7
1905.....	517	150	29.
1906.....	511	142	27.7
1907.....	557	143	25.6

Table No. 8 from the Albany Report shows for the eight-year period, from 1900 to 1907 inclusive, the number of deaths from all causes and from tuberculosis which occurred between the ages of twenty and fifty, and shows also the percentage of deaths in this age period which were due to tuberculosis. It will be noted that nearly one-third of all deaths during this age-period in Albany have been due to this one cause.

DESCRIPTION OF THE EXHIBITION AND OF THE ORGANIZATION OF MEETINGS

The Exhibition of the New York State Department of Health consists of something over two hundred pictures, placards and charts, all relating to the subject of tuberculosis, and includes a number of appliances used in caring for people who have the disease,—window tents, cots, sputum cups, models of sanatoria, and many other interesting and instructive objects. Nearly all the hospitals and resorts in this State, public and

private, for the treatment of patients suffering from tuberculosis are illustrated by large photographs, which are hung in groups and below each group is a brief statement about the institution and the record it has made in treating the disease, showing the number of cases cured, improved, etc., and all the important information a patient might wish to have concerning such a place. The pictures tell their story forcibly and yet concisely. Visitors are generally accompanied by a representative of the State Health Department or a local physician who explains the use of the different appliances, and answers the many questions which are asked.

The hall is almost sure to be filled at the time of each lecture, especially if it is a group meeting, for such lectures are illustrated by a score or more of stereopticon views bearing on the subject. There are slides showing statistical charts and diagrams, and one showing the tubercle bacilli. Pictures are shown of the infected districts of New York city and elsewhere, and of sanatoria and resorts for the treatment of tuberculosis, both in this country and abroad. There are interesting views showing the life of the patients at the different sanatoria. They show the patients in pleasant and attractive surroundings, apparently taking considerable interest and enjoyment in their treatment. More than almost any other thing, these pictures succeed in dispelling the erroneous impression which most people have that such places must of necessity be gruesome and depressing.

At one of the lectures, given in Utica, a young man who was a patient at Ray Brook, home for Thanksgiving, came to the Exhibition one evening and gave an informal but very interesting talk concerning the life at that institution. He was heard with marked interest and was asked many questions and at the close of his remarks was enthusiastically cheered by the audience. Similar occurrences have happened elsewhere in the course of campaign, and they invariably add an air of hopefulness.

The dominant note in all these lectures and meetings is hopefulness, and this is the impression gained by a visit to the Exhibition. No lecture closes without a plea to the audience to be kind to the careful consumptive; telling them that he is a menace to no one; that it is only the careless consumptive who is a danger to the community.

PLANNING MEETINGS AND SECURING ATTENDANCE

It is no mean task to arouse enthusiasm for the Prevention of Tuberculosis. Some consider the subject gruesome, others consider it hopeless. For generations the prevalence of this disease has been accepted as a matter of course. The individual who became afflicted with it has been regarded as marked for an early grave. It is not surprising then that people might at first thought hesitate to come to see the Exhibition. Special methods must, therefore be devised for securing audiences at these lectures, and for arousing a general enthusiasm, which will not only secure attendance at the meetings and the exhibit, but which will, in the end, result in the establishment of a permanent organization to prevent the spread of tuberculosis in the vicinity and in the actual carrying into effect of constructive measures.

Various methods are used in working up this sentiment and securing audiences at the meetings. Of chief importance is the support of the local press and a generous share of its space. This has never been wanting. The writer has no doubt that many of the papers in the towns visited have sacrificed "newspaper stories," which would have increased the revenue of the paper, for the sake of giving ample space to the tuberculosis campaign. While there have been, in every city visited, many who were generous, and willing to do all they could in the organization of this movement, there have been none more generous than the press.

Of second importance in securing audiences and arousing a general interest, the placing of posters in street car windows should probably be mentioned. These posters are printed on both sides and occupy an entire window on either side and about the middle of the car. The posters contain a striking notice of the Exhibition and the meetings. The only compensation that has thus far been asked by the street car companies is to place the following notice at the bottom of the poster:

"Consumption is spread by careless spitting. Do not spit on car floors or on the sidewalk."

The street car companies of Utica, Rome and Schenectady

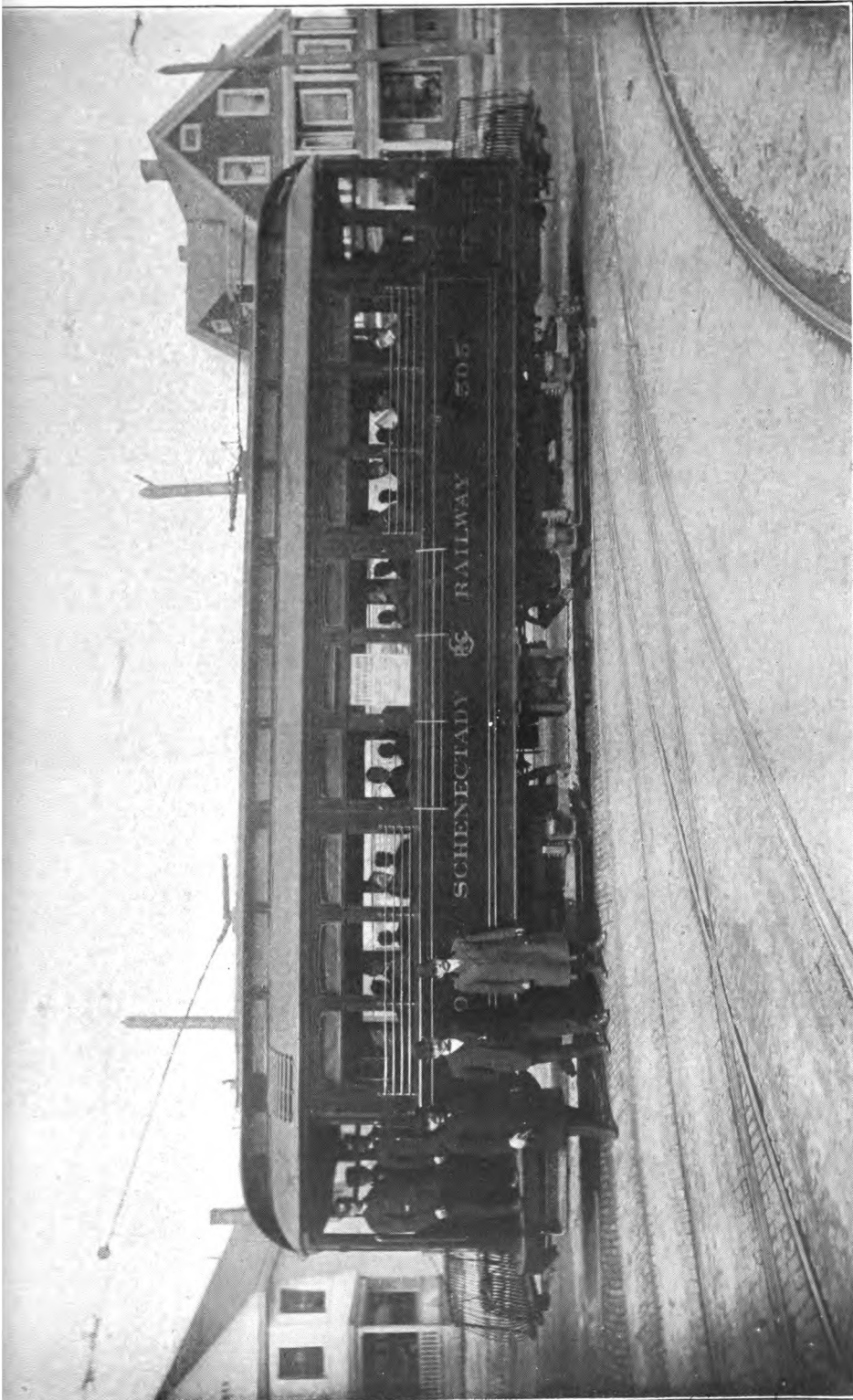


Plate No. 5.—This illustration shows how some of the street railway companies have contributed to the success of the campaign on the prevention of Tuberculosis. We have found this one of the most effective methods of advertising the exhibition and the meetings.

very generously gave permission to advertise the campaign in this way, while the Traction Company of Albany and Troy permitted the placing of placards on the fenders of their cars. This latter method, however, is not nearly so effective in securing attention as the former.

The third method, which, during good weather, is a most effective means in arousing a general interest as well as conveying important facts concerning the prevention of tuberculosis, is the outdoor stereopticon exhibition. On some prominent corner where people loiter on pleasant evenings, stereopticon views are shown, similar to those shown in connection with the lectures, but in addition, mottos are interspersed, such as:

- I. Consumption causes more deaths than any other disease. Nearly one-third of all the people who die between twenty and fifty years of age die of consumption.
- II. If you want to know how to protect yourself and your family from consumption, take time to read these bulletins.
- III. Consumption attacks especially those who live in crowded or badly ventilated rooms.
- IV. Consumption is caused by the dust from dry spit. Workmen who spit on the floors of their workshops spread the disease.
- V. People who spit on the sidewalks, where women get it on their dresses and take the poison home, spread the disease.
- VI. "Consumption Cures" do not cure consumption. While you are taking them you are losing time, and time you cannot afford to lose.
- VII. Fresh air, rest, food. These give you your chance to get well of consumption.

We are indebted for these and many other very terse mottos to Dr. Oscar H. Rogers, of Yonkers.

The fourth method, scarcely less effective than those already mentioned, is an announcement from the pulpits of the various churches. This has been quite generally and generously given whenever asked. As soon as a campaign is planned and a program of the meetings arranged for any given city, a letter is sent to all the

clergymen asking their generous support and urging them to give the meetings all the publicity possible.

Fifth, the social organization of a city having been carefully studied during the progress of investigation, the strongest groups are selected and their officers or leaders are requested to co-operate in organizing a meeting for each such group. For example, in the organization of a Labor Meeting, which we regard as one of the most important, the president of the central labor body is interviewed and his co-operation has always been secured, resulting as a rule in his extending an invitation to the organizer to speak to the central body. This is done, if possible, during the week preceding the opening of the Exhibition. We then get from the president of the central body, or from the directory, a list of the secretaries of the various "locals," or labor unions, and letters are sent to the officers of each, urging their co-operation in securing a large attendance at the special meeting for Labor Unions. Generally, the president of the central body is requested to preside at this meeting, and if there is some labor leader of prominence in the vicinity, he is secured to address the meeting. In addition to this method of reaching the laboring classes, in cities where the population is chiefly employed in the manufacturing establishments, such as Schenectady and Troy, the employers of such establishments are requested to co-operate in organizing a meeting for the employees. The co-operation that is generally most effective in getting employees of large factories to attend a meeting is to have placed in the pay envelopes of the employees the week preceding the meeting, a small ticket of "Admission" to the special lecture given to the workmen of this particular factory.

Similarly a meeting of Women's Clubs and Associations is obtained by the co-operation of the chief officers. The president of the leading club is usually secured to preside. Special letters, signed by the President, are written to all the members.

A meeting than which none is more important, is the meeting of all teachers of the public and parochial schools in the city. Such co-operation has been secured thus far in every city visited. Though one of the most important, fortunately, this is one of the easiest groups reached. All that is necessary is to secure the

consent of the superintendent of schools who will call the meeting. In every city visited there has been also an assembly called at the High School, and a stereopticon lecture given to the students on the subject of tuberculosis. These two meetings, that of the teachers, and of the high school students, are of great importance, not only in that they disseminate the knowledge gained from the lecture, but also in securing audiences at other meetings and at the exhibition, as the teachers and school children can do such advertising most effectively.

It should be stated also that in any city having a large foreign population special meetings are organized, a physician being secured to address these people in their own tongue. Most important among these meetings have been the meetings of the Italians which have been held in every city thus far visited; there have been, also, German and Polish meetings. In organizing the Italian meetings great service has been rendered by the Italian Consul, Senor J. P. Baccelli, of Albany, and Dr. John F. Rossi, of Utica.

In addition to the group meetings and such other lectures as are held in connection with the exhibition, a general Public Meeting is held in every city. With this meeting the active campaign usually culminates. Such a meeting at Albany has already been described.

By the use of the above methods we have succeeded in arousing the cities in which we have carried on this campaign of education to quite a high degree of enthusiasm. Some have said "You have given every one in the city tuberculosis." Others have said that "the newspapers have had nothing in them for the past two weeks but tuberculosis." Still others have said that the preachers had preached nothing but tuberculosis. It should, therefore, not be surprising that we have secured in every city a generous attendance at meetings.

CAMPAIGN BY CITIES

In the five cities visited there have been altogether sixty-three meetings addressed by seventy-six different speakers. In all cases the localities have co-operated with the State Charities Aid Association in arranging these meetings, in some cases sharing the expense connected with the campaign.

In Utica the Exhibition was shown in three places; the Public Library, the Star Theatre in the Italian quarter, and the Turn Verein Hall in the Polish section.

The Trustees of the Utica Public Library, through the kind solicitation of the librarian, Miss C. M. Underhill, donated the use of the Art Gallery in the Library for exhibition purposes. During the ten days that the Exhibition was shown in the Library there was an attendance of four thousand people. Though the Exhibition was shown only three days at the Star Theatre it was visited by two thousand eight hundred and ninety people, and there was a crowded house at each lecture. The details of arranging for these meetings was handled mainly by Dr. John F. Rossi of Utica. During the three days the Exhibition was shown in the Polish section of the city it was seen by nearly eighteen hundred people.

As a result of the campaign in Utica there has already been established a Tuberculosis Department in the Utica Free Dispensary, which is open at certain hours each day for the free examination of any suspected cases. The services of a visiting nurse in connection with the dispensary have been secured. On December 9, 1907, a resolution was passed by the Board of Health of the city of Utica looking toward the registration of tuberculous cases. One of the most important results growing out of the Utica and Rome campaigns was the passage on the 20th of last February of a resolution by the Board of Supervisors of Oneida County, providing for the appointment of a Committee to construct a County Hospital together with a Tuberculosis Hospital, the latter with a capacity of twenty-five beds for men, and fifteen for women. The Committee is authorized to spend from sixty-five thousand to eighty-five thousand dollars. The resolution provided also for a resident nurse and an interne at the County Home, and both have already been secured. The city of Utica recently provided a bacteriologist and now offers free examination of sputum.

It was not the original plan of the State Charities Aid Association to go directly to Rome from Utica but an enthusiastic delegation of citizens having come to Utica to make a strong demand for the Exhibition, the campaign was next carried on in that city. The city of Rome did more toward the expense of the campaign than any other city has thus far done.

The citizens provided the hall in which all lectures were held and where the Exhibition was shown to good advantage, though not in the same room in which the meetings were conducted. In addition to this co-operation a subscription was taken up, which covered nearly all of the other expenses. Though the campaign in Rome lasted only six days, there was an attendance at the Exhibition and Meetings of two thousand six hundred and seventy-five.

Rome is unique in being the only city visited thus far which has made provision in its budget for tuberculosis work for the ensuing year, a thousand dollars having been provided for this purpose, and five hundred dollars being provided for bacteriological work. It is intended to expend the major portion of the thousand dollars in providing a dispensary and establishing machinery for securing the complete registration of cases. That the Board of Health might receive suggestions concerning the administrative control of tuberculosis and the best use which it could make of the thousand dollars appropriated, a representative of the State Charities Aid Association was invited to address the Board on that subject at a recent meeting. At the close of the meeting a resolution was passed thanking the State Charities Aid Association for the service it has rendered in starting the work in Rome. In addition to what has been done by the city the funds for a visiting nurse have already been provided by private subscription in Rome. It should be stated also that the citizens of Rome were very active in the work which resulted in bringing to the attention of the Supervisors the need of a County Tuberculosis Hospital, which is to be located near Rome.

In the city of Troy it was found that the work for the prevention of tuberculosis was already started. A tuberculosis class after the Boston plan had been organized under Dr. H. W. Carey, who had formed an Association which had raised a fund for this purpose. This Association lent its hearty co-operation to the campaign there, and contributed a hundred dollars towards the expenses, in addition to valuable time which was freely given to assisting in organizing and arranging the meetings, by Dr. Carey, and Mr. H. P. Lansdale, Secretary of the Y. M. C. A. Through Mr. Landsdale, the Y. M. C. A. donated office room to the staff of the State Charities Aid Association. In Troy

the Exhibition was held in two different sections of the city; it was shown for a week in Harmony Hall in the center of the business district, and for three days in the following week it was shown in St. Joseph's Hall in South Troy. The total attendance in Troy amounted to six thousand five hundred and fifty-eight.

The permanent Committee which was organized in the city of Troy immediately set to work to raise funds to defray the expense of putting into operation some of the measures recommended in the program which was adopted. As a result of the appeals recently sent out the Troy Committee has already raised nearly two thousand dollars. They are at present negotiating for the lease of a building which will be converted into a tuberculosis dispensary. Arrangements have been made with the District Nursing Association by which this Association will furnish nurses needed in connection with the tuberculosis work. The city has made provision for the free examination of sputum of indigent patients. The provision however, is not yet sufficient for general free examination of sputum, which the Committee is endeavoring to bring about. A Committee of the Board of Supervisors of Rensselaer County has been appointed to investigate the question of a hospital for advanced cases of tuberculosis, and a Sub-Committee of the State Charities Aid Association's Committee on Tuberculosis has been appointed to confer with the Committee of the Board of Supervisors with a view of making adequate provision for the care of such advanced cases. The work previously started by Dr. Carey for home care and medical supervision by means of his Tuberculosis Class is progressing admirably, there being ten members in the present class. During the Troy campaign a Stony Wold Auxiliary was formed and seven hundred and fifty dollars was raised for the care of one Troy patient at the Stony Wold Sanatorium.

In Albany the chief interest in the campaign centered about the general public meeting, reported in full on p. 23. After this meeting, however, a series of group meetings were held in the new German Hall in the center of the business district in Albany. The total attendance at the Albany meetings was three thousand seven hundred and sixteen.

The Albany Committee has been too recently organized to have secured many results. A very strong Committee has

been appointed by the State Charities Aid Association, however, and it has perfected its permanent organization. The indications are that Albany will soon have in operation a very complete program for the prevention of tuberculosis. It is expected that arrangements will be made with the South End Dispensary to maintain a special Tuberculosis Department, open at certain hours exclusively for the examination of suspected cases of tuberculosis. It is planned also to establish a milk depot in connection with the dispensary where the best milk and eggs can be secured by a prescription from the attending physician at slightly less than cost, to those who are able to pay, and the Commissioner of Charities has already signified his willingness to make provision by which those unable to pay may secure milk and eggs at the expense of the city. The Albany Guild for the Care of the Sick is represented on the Committee and will provide nurses to serve in connection with the dispensary work. The Committee on the care of advanced cases is already discussing the question of providing a hospital for such patients and are conferring with the city and county officials concerning the matter. The Health Department already had under way the registration of tuberculous cases.

In Schenectady the situation was unique in that the municipality shared the expenses of the campaign, and the Health Officer, Dr. C. C. Duryee, gave most of his time during two weeks to assisting in the arrangement and management of the meetings. In addition to this the Mayor, H. S. Van Voast, and the Commissioner of Public Safety, John Moffitt, showed an active interest. At the solicitation of these officials the use of the Center Street Opera House, where the Exhibition was shown, was donated by the owner, Mr. A. J. Quackenbush. Office room for the staff of the State Charities Aid Association was provided in the Department of Health.

Though the Schenectady Committee on the Prevention of Tuberculosis appointed by the State Charities Aid Association is yet too young to have completed its permanent organization, the interest and activity of the Mayor, the Commissioner of Public Safety and the Health Officer of the city have been enlisted as evidenced by the fact that the municipality has already adopted quite a complete program for the administrative control of this tuberculosis. On April 7th, a conference was held between the

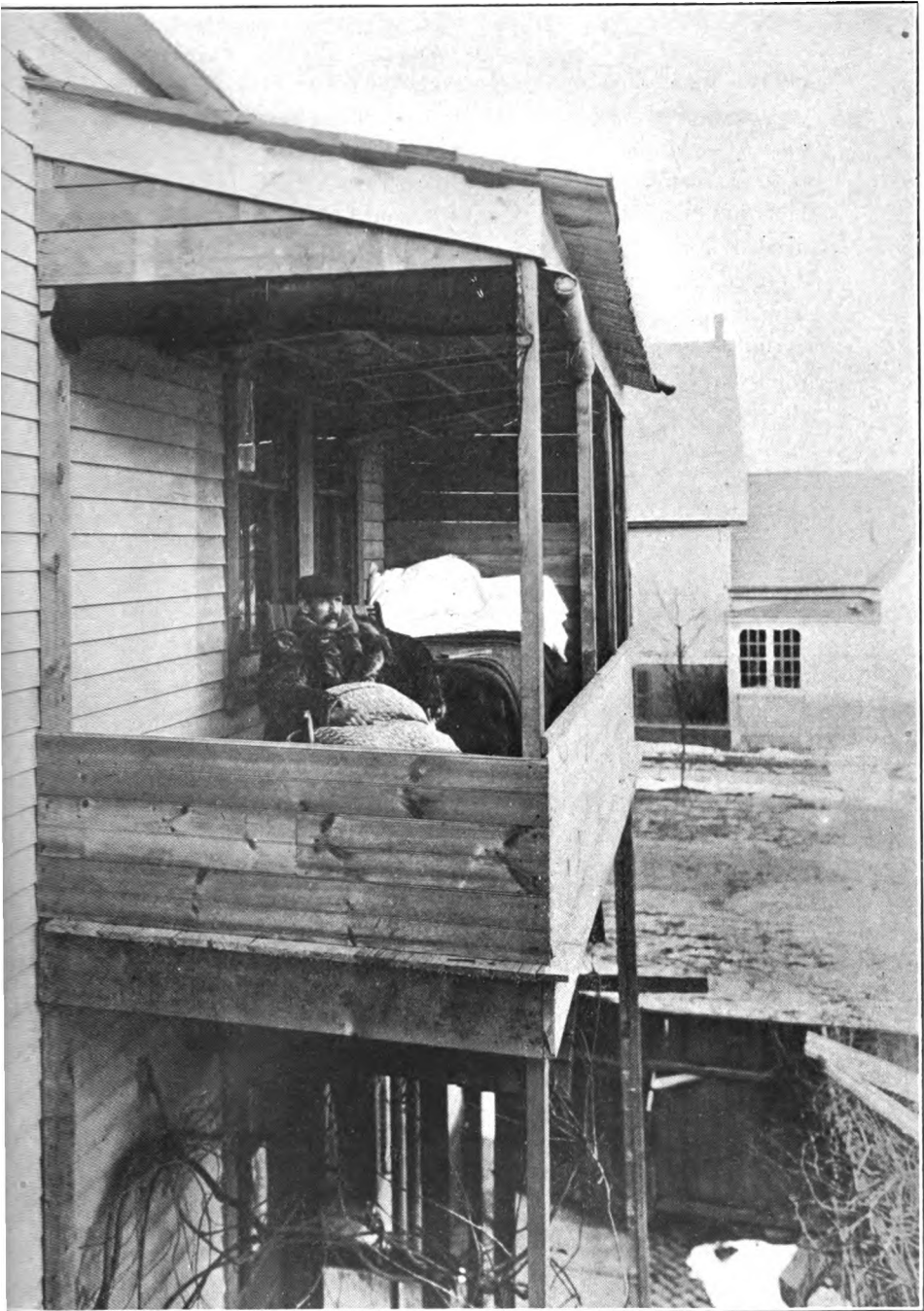
officials mentioned and a representative of the State Charities Aid Association at which it was decided immediately to establish a dispensary in the Schenectady City Hall Annex. This dispensary is to be furnished completely with all modern equipment and the Health Officer is instructed to procure the blanks, forms, etc., needed for the systematization of the work. He has been directed also to order such literature as he deems advisable to have in the dispensary for distribution, and what is still more important, he is authorized to secure the services of a visiting nurse who is to be attached to the dispensary. Furthermore, the Mayor stated he would direct the Commissioner of Charity to furnish milk and eggs to such cases as are found to be destitute or unable to provide them for themselves.

The letter from Health Officer, Dr. C. C. Duryee, sent as a memorandum of the understanding at the conference to Commissioner Moffett concludes "The dispensary should be conducted with a view to determining the exact necessity and actual value of such an institution to our city, making such arrangements for the future development of the work as is warranted by its usefulness." A more sound view than this could scarcely be expressed.

Of the cities in which the campaign has been conducted, Rome was the first to recognize officially the importance of this work by providing for it in its budget. Schenectady has followed with almost a complete program and it is to be hoped that the other cities visited, as well as those to be visited, will soon fall in line following the excellent example set by Rome and Schenectady.

Though much is expected from the local committees which are organized, it is always to be remembered that the problem of properly combating tuberculosis is, in the words of Dr. Biggs, "a new problem of sanitation and is properly a municipal burden which sooner or later each city in the state of New York should assume."

In each of the cities mentioned the State Charities Aid Association has appointed a strong local committee on the prevention of tuberculosis, and each of these Committees has adopted a constructive program as a basis of work. The program adopted in the different places has been substantially the same, and the constitution and by-laws have also been similar. In order to indicate the scope of the work we reproduce, in the following pages, a



late No. 4.—This shows how a member of the Troy tuberculosis class is "taking the cure." It presents a marked contrast to Plate No. 3 where so many have died without receiving any care.

copy of the Albany Constructive Program and the Constitution and By-laws of the Albany Committee.

CONSTRUCTIVE PROGRAM FOR THE PREVENTION OF TUBERCULOSIS IN ALBANY.

Adopted as a basis of constructive work by the Committee on the Prevention of Tuberculosis, appointed by the State Charities Aid Association, February 15, 1908.

I.—CARE OF CONSUMPTIVES

a. Utilize fully the opportunity to send incipient cases to the State Hospital for Tuberculosis at Ray Brook. Adequate provision must be made for the care of the wives and children when the family is dependent upon regular earnings. This should be made, whenever permissible within the provisions of the poor law, by the Commissioner of Charities. The children should be kept at home with the mother; not sent away to institutions. In case of men not having a legal residence in the city, or unable for some technical reason to receive city aid, or in the case of men of finer sensibilities who would not go to a hospital if their families had to be supported by public charity, provision should be made for aiding the wives and children from private funds with opportunity for repayment if the husband subsequently becomes able to repay. Unless some existing agency is ready to do so, a sub-committee of the State Charities Aid Association Committee on the Prevention of Tuberculosis might properly carry on this relief work, so far as it cannot be done by the city.

If more incipient cases suitable for sanatorium care are discovered than can be received at Ray Brook, provision should be made for paying for their maintenance in appropriate sanatoria such as Stony Wold, Adirondack Cottage Sanitarium, etc., etc., the funds being provided either by municipal or private contribution. If more incipient cases are discovered than can be provided for in this manner, the city of Albany jointly with some other city or cities might establish a modern sanatorium for early cases.

Every facility should be used for the care of patients who are unable to go to a sanatorium. The Albany Guild for the Care

of the Sick has started a tuberculosis class and is doing able work for a small number of such cases. The work of this Guild should be supported and strengthened, and it should be aided in securing sufficient number of such patients to complete the present class, and to form such additional classes as may be necessary when more cases in need of this treatment are discovered. To this end it may be wise in time to provide one or more additional nurses to have special charge of patients suffering from tuberculosis, and cared for in the Guild classes.

As a further provision for such patients as are not able to go to a sanatorium, there should be established at some suitable and easily accessible place a Day Camp Sanatorium, similar to the ones so successfully conducted by the Red Cross in different parts of Germany, and recently introduced into this country, such as the one now conducted by the Boston Association for the Relief and Control of Tuberculosis at Mattapan near Boston.

b. Provision should be made for the hospital care for more advanced cases of tuberculosis by the erection of a special tuberculosis hospital. Unless provision is made by the County, such a hospital should be built and operated at the expense of the city. Such hospital need not be very extensive, but should be sufficient to provide for all advanced cases who cannot be cared for in their own homes under conditions affording safety for the other members of their household. At the outset, based upon the number who are at the present time receiving public and private relief, such a hospital should make provision for eighty (80) beds for men, and forty (40) beds for women. This provision should be made so that it can readily be enlarged as the demand increases. Until such time as the city or county is prepared to meet this demand, there should be built upon the grounds of some existing private hospital a separate pavilion for the care of these patients who are in the advanced stages of tuberculosis.

Provision should be made for the visitation and friendly assistance of the families of needy consumptives, to see to it that charitable relief is sufficient, and is given in such form as to insure suitable living conditions for the consumptive and adequate protection for the other members of the family. The Committee having this in charge should also secure suitable out-door employment, when necessary, for recovered patients returned from sanatoria or hospitals who otherwise might return to conditions

of labor which would lead to a recurrence of the disease. This question of after-care is of vital importance and the Committee should endeavor to get in touch with every patient returned from a sanatorium as apparently cured.

c. There should be a free tuberculosis dispensary in some central location. This might well be established by the Health Department, but at all events such a dispensary should be established as soon as practicable. This dispensary should be open at certain hours, say 12 to 1 and 7 to 9 on every day in the week with an afternoon hour on Sunday. If possible one competent medical man should have charge of all the treatment and records. There should be attached to it two or more visiting nurses who will be present at the dispensary during the hours it is open to the public, who will keep its records, and visit patients in their homes to see that the instructions of the physicians are carried out, and that the other members of the family are protected from infection. So far as this demand is already met by local dispensaries such work should be supported. It appears, however, that there is no dispensary with a special tuberculosis department. If such a department could be established in connection with well-organized general dispensaries this important provision may thus be met.

d. The Health Officer should issue appropriate directions requiring physicians to report all cases of tuberculosis and providing complete secrecy for such reports; the information not to be divulged except by the direction of the Health Officer and to those having a legitimate interest therein. The blanks for such reports should be provided by the Health Officer to all physicians in Albany. These blanks should state whether in the opinion of the physicians the patient requires a visit from the visiting nurse. These measures are well under way in Albany and the Department of Health has already made a most excellent start on the registration of cases of tuberculosis.

e. There should be established a municipal bacteriological laboratory with a competent bacteriologist in charge, and the Health Officer should provide for prompt and free examination of sputum at the request of any physician in the city and for the immediate report of such analysis to the physician sending the specimen. Such a laboratory might well be established as a part of a municipal tuberculosis dispensary. The present arrange-

ment with the Bender Laboratory meets the provision for free sputum analysis quite well as a temporary matter, but such work should ultimately be done at a municipal laboratory under the direction of the Health Officer.

f. All cases reported by a physician as in need of a visit from the visiting nurse should be reported by the Health Department to the Dispensary giving the name of the physician making the report and the name and address of the patient. The visiting nurse should thereupon call upon the physician and receive from him his instructions as to the treatment of the patient and the protection of the patient's family. She should report the results of her visits to the physician, reporting the case and recording the same at the dispensary. Her visits should be made in some cases weekly, in other cases more or less frequently depending upon the condition of the patient and the circumstances and intelligence of the family.

g. Whenever a person appears at the dispensary for diagnosis and it is found that such person has tuberculosis, wherever possible, provision should be made for the prompt examination of the other members of the household in which he has been residing. Perhaps this might be made a condition to free examination at the dispensary. In this manner many incipient cases would doubtless be brought to light which might otherwise not be discovered until in the moderately advanced or even the advanced stages of the disease.

h. In each case of the removal or death of a tuberculosis patient, the Health Department should immediately arrange for the adequate disinfection of the premises occupied by the patient.

II.—THE GENERAL EDUCATION OF THE COMMUNITY AS TO PREVENTIVE MEASURES

This should include:

a. Public meetings, including, as far as may be found practicable the following: General public meetings; meetings of physicians; meetings of the labor unions; a meeting of the Y. M. C. A.; a meeting of the firemen and policemen; a meeting of the school teachers; women's clubs, clergymen; and employees of large industrial concerns, etc.

b. Out-door stereopticon exhibitions. Possibly it may be impossible to hold these until spring, but if they could be held at

some public place where large numbers of people are accustomed to pass, it might be advisable to hold one or more of them even in the autumn and winter.

c. Articles in the press. Materials should be provided from time to time for the press, in order to keep up public interest in the subject. There should be articles at least weekly for the next three months.

d. Leaflets containing brief and concise statements as to the nature of the disease and the manner of preventing its communication should be distributed through industrial establishments, schools, labor unions, etc., etc. Provision should be made for instruction on this subject in the public schools.

III.—HYGIENIC MEASURES HAVING A SPECIAL BEARING ON THE PREVENTION OF TUBERCULOSIS

It is desirable that the present movement should lead, in due season, to the following:

a. The adoption of a suitable building code by the city of Albany. There appears to be no adequate building code at present. This is of exceeding importance in order to prevent the growth of centers of overcrowding and of unsanitary buildings which will become future centers of infection from tuberculosis.

b. Licenses from the Health Department should be required for common lodging houses and the granting of these licenses should be conditioned upon the maintenance of proper standards of cleanliness and sanitation.

c. The existing regulations concerning the protection of milk and other food supplies should be enforced and if need be, in the light of further experience, modified from time to time.

d. The Health Officer should be urged to issue directions providing for the cleaning of the streets by flushing with water, except in freezing weather, instead of dry sweeping. There should also be a regulation providing for the adequate ventilation of schoolhouses and other public buildings, such as theatres, churches, etc., and requiring the cleaning of all such buildings by damp sweeping instead of by dry sweeping.

CONSTITUTION AND BY-LAWS

ADOPTED BY THE

ALBANY COMMITTEE ON THE PREVENTION OF TUBERCULOSIS

OF THE

STATE CHARITIES AID ASSOCIATION

CONSTITUTION

ARTICLE I

Name

The name of this Organization shall be the Albany Committee on the Prevention of Tuberculosis of the State Charities Aid Association.

ARTICLE II

Purpose

The purpose of the organization shall be to prevent the spread of tuberculosis and to provide for the care and relief of those suffering therefrom.

ARTICLE III

Membership

This Committee shall receive its appointment from the Board of Managers of the State Charities Aid Association and shall work under the general direction and control of the Board of Managers.

New members may be proposed by any member of this Committee, who shall send the name of the proposed member to the Chairman of the Executive Council. If approved by the Executive Council, the name of the person proposed is submitted to the

Board of Managers of the State Charities Aid Association who will notify the person of his appointment.

ARTICLE IV

Officers

The officers of this Committee shall be a President, five Vice-Presidents, a Secretary and a Treasurer, who shall be elected at the annual meeting of the Committee. In case of a vacancy in any office, a successor for the remainder of the year shall be appointed by the Executive Council.

ARTICLE V

Duties of Officers

The duties of the officers shall be those which usually devolve upon the officers in similar organizations. But the President shall appoint annually the chairmen of the various sub-committees, and with the advice of these chairmen and the other officers, shall appoint the members of said sub-committees.

ARTICLE VI

Sub-Committees—Their Duties

There shall be the following sub-committees:

1. Committee on Dispensary, Class and Visiting Nurses.
2. Committee on Legislation and Municipal Regulation.
3. Sanatorium treatment of incipient cases, relief and after-care.
4. Committee on Hospital care for advanced cases.
5. Committee on Education and Publicity.
6. Committee on Summer and Day Camps.
7. Committee on Finance.

The duties of each of these sub-committees is to bring about and to make operative, as soon as practicable, that portion of the Constructive Program which the Executive Council shall determine to be within its province. These sub-committees shall make their own By-laws and shall be free to carry on their own work as they see fit, but subject to general regulation by the Executive Council and the General Committee.

ARTICLE VII

Executive Council

There shall be an Executive Council composed of the officers of the General Committee and the chairman of the various sub-committees. The President and Secretary of the General Committee shall be President and Secretary of the Executive Council.

It shall be the duties of the Executive Council to define and adopt such general course of action as may best promote the objects of the General Committee, and to devise ways and means for increasing its efficiency.

The Executive Council shall hold its meetings on the second Tuesday of each month. The chairman of the committee may call a special meeting at his discretion or upon a written request of three members he shall call such meeting. Five members shall constitute a quorum at all meetings of the Executive Council.

The Executive Council shall make its own By-laws and shall report in writing at the annual meeting of the Committee, and shall submit a copy of the annual report to the Tuberculosis Committee of the State Charities Aid Association.

ARTICLE VIII

Meetings

The Annual Meeting of the General Committee shall be held during the first week in February, and shall meet at such other time as the Executive Council may direct, or upon the written request of five members, the chairman shall call a special meeting. One-third of all the members shall be necessary at any meeting to constitute a quorum.

ARTICLE IX

Constitution and By-Laws

The By-laws, Rules and Regulations adopted by the Executive Council and the various sub-committees must be in accordance with, and subordinate to the Constitution and By-laws of the General Committee. The Constitution and By-laws of the

General Committee must be in accordance with and subject to the By-laws of the State Charities Aid Association.

ARTICLE X

Amendments

This Constitution may be amended by a two-thirds vote of the members present at any meeting regularly called, provided that in the call it is stated that it is proposed to amend the Constitution at such meeting and indicating in what respect.

BY-LAWS

I.—Meetings

The regular monthly meetings of the Executive Council shall be held on the second Tuesday of each month at 12 o'clock, at the Chamber of Commerce.

II.—Order of Business

The following shall be the order of business at the regular monthly meetings of the Executive Council:

1. The Secretary shall read the minutes of the last preceding meeting. Action thereon.
2. The Secretary shall present the report of the Executive Council. Action thereon.
3. The Secretary shall read any communication from the Board of Managers or Secretary of the State Charities Aid Association.
4. Reports from Standing Committees and action thereon.
5. Reports from Special Committees, if any, and action thereon.
6. Unfinished business.
7. New business.

This order of business may be altered at the discretion of the presiding officer.

III.—Amendments

These By-laws may be amended at any regular meeting of the Executive Council by a two-thirds vote of members present, or at any meeting of the general committee by a like number of members thereof.

SOME ITEMS SHOWING THE MORE GENERAL
EFFECT OF THE CAMPAIGN, WITH A STATE-
MENT OF SOME OF THE MORE GENERAL
EDUCATIONAL MEASURES

It is evident that it is possible to arouse a great deal of interest in this subject, and a ready willingness to co-operate seems to increase with the growing appreciation of the importance of the subject. In a letter recently received from Dr. Albert H. Garvin, Superintendent of the State Hospital for Incipient Tuberculosis at Ray Brook, he stated that there had been a large increase in the number of applicants for admission to Ray Brook during the past three months. During this period there have been as many admitted from Oneida County as had been previously admitted since the establishment of the hospital in 1904. In January the total number of applications increased fifty per cent. over the previous month. Dr. Garvin states that this does not give an adequate idea of the increasing demand for admission to this institution, as a majority of the applicants are rejected by the local examiners, for the reason that they are beyond the incipient stage. At the opening of the campaign in October speakers quite frequently referred to the fact that in this state we have an admirable institution for the care of incipient cases of tuberculosis, and that though there are fifteen thousand such cases in the state, it is impossible to fill the beds in this hospital. In the letter referred to, Doctor Garvin states that the utmost capacity of the hospital, and, even of the tents, is now taxed. No stronger evidence than this could be produced in support of the fact that the campaign has already had a wide influence for good. There are many other evidences, however, of this fact, among which may be cited a letter recently received from the General Secretary of the New York Fraternal Congress, stating that at the annual meeting of the Congress the work of the State Charities Aid Association was "most heartily commended and unanimously endorsed." The letter stated that the Congress had passed a resolution "requesting the Fraternal Organizations in the places visited by the State Charities Aid Association to co-operate in the campaign of publicity and to hold meetings under their respective auspices."

Scarcely less significant is the fact that the Health Officers in all but one of the cities in which the campaign has been carried on readily responded to the invitation of the State Charities Aid Association to visit the cities of Rochester and Syracuse for the purpose of inspecting the work which is being done in these cities for the prevention of tuberculosis, the respective municipalities paying the expense of the trip. The delegation consisted of:

Dr. C. C. Duryee, Schenectady,	Dr. C. E. Nichols, Troy,
Dr. F. H. Peck, Utica,	Dr. Frederick R. Ford, Utica,
Dr. C. R. Mahady, Rome,	Deputy Health Officer.

In addition to these Health Officers there were in the delegation, members of the local committees from these cities, and a representative of the State Charities Aid Association. It is probable that a trip may be taken in the near future to study the system of administrative control of tuberculosis in the city of Yonkers and in New York City.

Perhaps the most important single line of work in the campaign of education is the Press Bureau which is conducted by the Committee on the Prevention of Tuberculosis of the State Charities Aid Association. Articles are sent weekly to 275 daily papers, and to 75 monthlies in the state of New York, and a considerable number are sent to papers outside of the state and to tuberculosis committees and associations in various parts of the United States. In order to estimate the importance which attaches to this phase of the work, a letter was addressed recently to the managing editor of each paper supplied with the "copy" and much to the gratification of the committee, the replies came promptly to the effect that there certainly could be no more valuable educational work for the prevention of tuberculosis than that which was being accomplished through the Press Bureau service.

The value of this service is further attested in a very interesting letter recently received by the Editor of "Charities and Commons" from Dr. S. A. Knopf in which the doctor says "The information you have received concerning the translation of my Prize Essay into Chinese is correct. I gave Dr. George A. Stewart, of Nanking University, China, the official authorization to translate my International Prize Essay into Chinese on February 7, 1908." The information referred to was that contained in

a recent press bulletin. Referring to this bulletin in his letter, Dr. Knopf says "What is said in the enclosure regarding the Press Bureau of the State Charities Aid Association was a revelation to me. What a valuable propaganda it will be to have tuberculosis news items furnished to 500 daily papers each week of the year! * * * I often wonder why there is less tuberculosis news in our medical papers than in "Charities and Commons." From this and other comments recently received concerning the Press Bureau, we have become convinced ~~that~~ there is no more important line of educational work for the prevention of tuberculosis than this.

TEXT OF NEW YORK STATE TUBERCULOSIS LAW 1908.

As evidence of the wide interest in this movement, and especially in the effect which the campaign has already had in creating public opinion, nothing is more significant than the fact that the New York legislature, in the closing days of its session, passed a bill "defining the powers and duties of local health officers and boards of health in the matter of the protection of the people of the State of New York from the disease known as tuberculosis." Referring to this bill, Dr. William H. Welch, of Johns Hopkins University, other than whom there is no greater authority on this subject in the country, recently said:

"In my judgment this bill has been framed in accordance with the demands of modern sanitary science as related to the prevention of tuberculosis, and the provisions of the bill have not gone in any respect beyond what is practicable and is supported by the best expert opinion on the administrative control of tuberculosis.

"I regard the notification of cases of tuberculosis to the health authorities, as provided for in this bill, as fundamental to the successful control of the disease. While objection has been made by some physicians to this provision, experience in New York City, Maryland and elsewhere has demonstrated that notification of tuberculosis is entirely practicable, is quickly accepted by physicians and the public, and is free from the objection which some had predicted.

"The enactment of this bill into law and the execution of the

law will place the State of New York in the front rank among those governments which are most active and successful in the control of tuberculosis."

That Governor Hughes on the 19th of May signed this bill which places New York in the front rank, so far as statutory provisions in the relation to the prevention of tuberculosis are concerned, is not surprising to those who are aware of the marked interest he has shown in the movement for the prevention of tuberculosis recently inaugurated by the State Charities Aid Association in co-operation with the State Department of Health. This bill was framed by the State Charities Aid Association, after a study of the statutes of other states, and of the sanitary codes of several large cities. It includes in substance, and in many cases in identical language, some of the important provisions in the bill recently enacted by the National Congress for the District of Columbia, some of the provisions of the New York city sanitary code, several provisions of the Wisconsin law, and a very considerable proportion of the Maryland law, enacted several years ago, as the result of the work of the Maryland State Tuberculosis Commission. In some important respects, the New York bill provides a more comprehensive system of oversight than that of any other one state.

In the following pages the act is reproduced in full.

AN ACT defining the powers and duties of local health officers and boards of health in the matter of the protection of the people of the state of New York from the disease known as tuberculosis.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Reports by physicians and others.—Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the state of New York, to report in writing, on a form to be furnished as hereinafter provided, the name, age, sex, color, occupation, place where last employed, if known, and address, of every person known by said physician to have tuberculosis, to the health officer of the city, town or village in which said person resides, within twenty-four hours after such fact

comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum or other similar private or public institution in said state of New York to report in like manner the name, age, sex, color, occupation, place where last employed if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twenty-four hours thereafter.

§ 2. Examination of sputum.—It shall be the duty of every health officer of a city, town or village, when so requested by any physician, or by authorities of any hospital or dispensary, to make or cause to be made a microscopical examination of the sputum forwarded to him as that of a person having symptoms of tuberculosis, which shall be forwarded to such officer accompanied by a blank giving name, age, sex, color, occupation, place where last employed if known, and address of the person whose sputum it is. It shall be the duty of said health officer promptly to make a report of the results of such examination, free of charge, to the physician or person upon whose application the same is made.

§ 3. Protection of records.—It shall be the duty of every health officer of a city, town or village to cause all reports made in accordance with the provisions of the first section of this act, and also all results of examinations, showing the presence of the bacilli of tuberculosis, made in accordance with the provisions of second section of this act, to be recorded in a register, of which he shall be the custodian. Such register shall not be open to inspection by any person other than the health authorities of the state and of the said city, town or village, and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be necessary to carry into effect the provisions of this act.

§ 4. Disinfection of premises.—In case of the vacation of any apartment or premises by the death or removal therefrom of a person having tuberculosis, it shall be the duty of the attending physician, or if there be no such physician, or if such physician be absent, of the owner, lessee, occupant, or other person having charge of the said apartments or premises, to notify the health officer of said city, town or village, of said death or removal within twenty-four hours thereafter, and such apartments or

premises so vacated shall not again be occupied until duly disinfected, cleansed or renovated as hereinafter provided.

§ 5. Health officer to direct disinfection, cleansing or renovation.—When notified of the vacation of any apartments or premises as provided in section four hereof, the local health officer or one of his assistants or deputies, shall within twenty-four hours thereafter visit said apartments or premises and shall order and direct that, except for purposes of cleansing or disinfection, no infected article shall be removed therefrom until properly and suitably cleansed or disinfected, and said health officer shall determine the manner in which such apartments or premises shall be disinfected, cleansed or renovated in order that they may be rendered safe and suitable for occupancy. If the health authorities determine that disinfection is sufficient to render them safe and suitable for occupancy, such apartments or premises together with all infected articles therein, shall immediately be disinfected by the health authorities at public expense, or, if the owner prefers, by the owner at his expense, to the satisfaction of the health authorities. Should the health authorities determine that such apartments or premises are in need of thorough cleansing and renovation, a notice in writing to this effect shall be served upon the owner or agent of said apartments or premises, and said owner or agent shall thereupon proceed to the cleansing or renovating of such apartments or premises in accordance with the instruction of the health authorities, and such cleansing and renovation shall be done at the expense of the said owner or agent.

§ 6. Prohibiting occupancy until order of health officer is complied with.—In case the orders or directions of the local health officer requiring the disinfection, cleansing or renovation of any apartments or premises or any articles therein as hereinbefore provided, shall not be complied with within forty-eight hours after such orders or directions shall be given, the health officer may cause a placard in words and form substantially as follows to be placed upon the door of the infected apartments or premises:

“Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may be infected. They must not be occupied until the order of the health officer directing their disinfection or renovation has been complied with. This notice must not be removed under the penalty of the law except by the health officer or other duly authorized official.”

§ 7. Prohibiting carelessness of a person having tuberculosis. Any person having tuberculosis who shall dispose of his sputum, saliva or other bodily secretion or excretion so as to cause offense or danger to any person or persons occupying the same room or apartment, house, or part of a house, shall on complaint of any person or persons subjected to such offense or danger, be deemed guilty of a nuisance and any persons subjected to such a nuisance may make complaint in person or writing to the health officer of any city, town, or village where the nuisance complained of is committed. And it shall be the duty of the local health officer receiving such complaint to investigate and if it appears that the nuisance complained of is such as to cause offense or danger to any person occupying the same room, apartment, house or part of a house, he shall serve a notice upon the person so complained of, reciting the alleged cause of offense or danger and requiring him to dispose of his sputum, saliva or other bodily secretion or excretion in such a manner as to remove all reasonable cause of offense or danger. Any person failing or refusing to comply with orders or regulations of the local health officer of any city, town or village, requiring him to cease to commit such nuisance, shall be deemed guilty of a misdemeanor and on conviction thereof shall be fined not more than ten dollars.

§ 8. Protection of patient's family.—It shall be the duty of a physician attending a patient having tuberculosis to take all proper precautions and to give proper instructions to provide for the safety of all individuals occupying the same house or apartment, and if no physician be attending such patient this duty shall devolve upon the local health officer, and all duties imposed upon physicians by any sections of this act shall be performed by the local health officer in all cases of tuberculosis not attended by a physician, or when the physician fails to perform the duties herein specified, and shall so report.

§ 9. Providing that physicians shall make a complete statement of procedure and precautions on a blank to be furnished by the health officer, et cetera.—It shall be the duty of the local health officer to transmit to a physician reporting a case of tuberculosis as provided in section one of this act, a printed statement and report, in a form approved by the state commissioner of health, naming such procedures and precautions as in the

opinion of the said commissioner are necessary or desirable to be taken on the premises of a tuberculosis patient. It shall be the duty of the local health authorities to print and keep on hand an ample supply of such statements and reports and to furnish the same in sufficient numbers to all local physicians. Upon receipt of such statement and report the physician shall either carry into effect all such procedures and precautions as are therein prescribed, and shall thereupon sign and date the same and return it to the local health officer without delay, or, if such attending physician be unwilling or unable to carry into effect the procedures and precautions specified, he shall so state upon this report and immediately return the same to the local health officer and the duties therein prescribed shall thereupon devolve upon said local health officer who shall receive the fee hereinafter provided as payment of the services of the physician if he comply with the duties herein prescribed. Upon receipt of this statement and report the local health officer shall carefully examine the same, and if satisfied that the attending physician has taken all necessary and desirable precautions to insure the safety of all persons living in the apartments or premises occupied by the person having tuberculosis, the said local health officer shall issue an order upon the treasurer of the city, town or village in favor of the attending physician for the sum of one dollar, thereupon to be paid out of a fund which shall be provided by said city, town, or village. If the precautions taken or instructions given by the attending physician are, in the opinion of the local health officer, not such as will remove all reasonable danger or probability of danger to the persons occupying the said house or apartments or premises, the local health officer shall return to the attending physician the report with a letter specifying the additional precautions or instructions which the health officer shall require him to take or give; and the said attending physician shall immediately take the additional precautions and give the additional instructions specified and shall record and return the same on the original report to the local health officer. It shall further be the duty of the local health officer to transmit to the physician reporting any case of tuberculosis a printed requisition, in a form approved by the state commissioner of health, and printed by the local health authorities and issued in sufficient number to supply local physicians. Upon this requisition blank, shall be

named the materials kept on hand by the local health officer for the prevention of the spread of tuberculosis and it shall be the duty of the local health officer to supply such materials as may be specified in such requisition. Any physician may return a duly signed requisition to the local health officer for such of the specified materials and in such amount as he may deem necessary to aid him in preventing the spread of the disease, and all local health officers shall honor, as far as possible, a requisition signed by the attending physician in such case. It shall be the duty of every local health officer to transmit to every physician reporting any case of tuberculosis, or to the person reported as suffering from this disease, provided the latter has no attending physician, a circular of information approved by the state commissioner of health and which shall be provided in sufficient quantity by the local health authorities. This circular of information shall inform the consumptive of the best methods of treatment of his disease and of the precautions necessary to avoid transmitting the disease to others.

§ 10. Penalty for failure of physician to perform duties or for making false reports.—Any physician or person practising as a physician who shall knowingly report as affected with tuberculosis any person who is not so affected, or who shall wilfully make any false statement concerning the name, age, sex, color, occupation, place where last employed if known, or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not more than one hundred dollars.

§ 11. Reporting recovery of patient.—Upon the recovery of any person having tuberculosis, it shall be the duty of the attending physician to make a report of this fact to the local health officer, who shall record the same in the records of his office, and shall relieve said person from further liability to any requirements imposed by this act.

§ 12. General penalty.—Any person violating any of the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished, except as herein otherwise provided, by a fine of not less than five dollars nor more than fifty dollars.

§ 13. Repealing all acts, et cetera.—All acts and parts of acts contrary to or inconsistent with the provisions of this act are hereby repealed, except that no portion of this act shall apply to the city of New York, nor shall the passage of this act modify or repeal any of the provisions of the charter of the city of New York, or any rule or regulation issued by the department of health of said New York city.

§ 14. This act shall take effect immediately.

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CHRONOLOGICAL LIST OF MEETINGS

The following is the list of stereopticon lectures and meetings which have been held in connection with the campaign:

IN UTICA

1907.

- Nov. 29. Oneida County Medical Society.
 30. Nurses and Internes.
 Dec. 2. Teachers of Public and Private Schools.
 3. Students of the Utica Academy.
 4. Labor Unions.
 5. Women's Clubs.
 7. General Public Meeting.
 9-11. Italian Meetings.
 12-14. Polish Meetings.

IN ROME

1907.

- Dec. 15. 8 P. M. Physicians.
 16, 9 A. M. High School Students.
 3 P. M. Teachers and Ministers.
 8 P. M. Nurses and Attendants of the Custodial Asylum.
 17, 9 A. M. Pupils of Grammar Schools.
 3 P. M. Women's Clubs.
 8 P. M. Labor Unions.
 18, Italians.
 19, 3 P. M. General Public Meeting.
 8 P. M. General Public Meeting.
 20, 8 P. M. General Public Meeting.

IN TROY

1908.

- Jan. 6, 8 P. M. Rensselaer County Medical Society.
 7, 3 P. M. Teachers' Public and Private Schools.
 8 P. M. General Public Meeting.
 8, 3 P. M. Nurses and Internes.
 8 P. M. Church Clubs and Societies.
 8.30 P. M. Delegates of Trades Council.

- 9, 3 P. M. Ministers and Sunday School Teachers.
- 8 P. M. Federated Women's Clubs.
- 10, 4 P. M. Y. M. C. A. Gymnasium Class.
- 8 P. M. Fraternal Orders.
- 11, 3 P. M. Collar Factory Employees.
- 8 P. M. Collar Factory Employees.
- 12, 2 P. M. Trades Unions.
- 3.30 P. M. Y. M. C. A.
- 15, 4 P. M. Teachers South Troy Parochial Schools.
- 8.15 P. M. Employees of Iron Works.
- 16, 4 P. M. Pupils St. Joseph's and St. Michael's Schools.
- 8.15 P. M. Members of Sodalities of St. Joseph's Church.
- 17, 8 P. M. General Public Meeting.

IN ALBANY

1908.

- Jan. 27, 8.15 P. M. General Public Meeting.
- Feb. 5, 8 P. M. Albany County Medical Society.
- 6, 4 P. M. Teachers Public and Private Schools and State Normal College.
- 8 P. M. Italian Meeting.
- 7, 3 P. M. Ministers and Sunday School Teachers.
- 8 P. M. German Societies.
- 8, 4 P. M. Nurses, Internes and Medical Students.
- 8 P. M. General Public Meeting.
- 9, 2 P. M. Labor Unions.

IN SCHENECTADY

1908.

- Feb. 18, 8.30 P. M. High School Students.
- 3.30 P. M. Nurses and Internes
- 8 P. M. County Medical Society.
- 19, 4 P. M. Grammar School Pupils.
- 8 P. M. Italians.
- 20, 4 P. M. Teachers of Public and Private Schools.
- 8 P. M. Women's Clubs.
- 21, 3 P. M. Sunday School Teachers.
- 8 P. M. Fraternal Orders.

- 22, 3 P. M. Church Clubs and Societies.
 8 P. M. Employees of General Electric Works.
 23, 2 P. M. Labor Unions.
 4 P. M. Y. M. C. A.
 24, 4 P. M. Students Union College
 8 P. M. General Public Meeting.

LIST OF SPEAKERS

Rev. George Wood Anderson.....	Troy
Hon. William W. Armstrong, Chairman Senate Finance Committee	Albany
Senor G. P. Bacelli, Italian Consul.....	Albany
Dr. G. W. Bates.....	Schenectady
Dr. J. M. Berry.....	Troy
Dr. A. J. Brown.....	Rome
Dr. Charles Bernstein	Rome
George F. Canfield, Chairman Committee on Prevention of Tuberculosis, S. C. A A.....	New York City
Dr. H. W. Carey.....	Troy
Hon. Lewis Stuyvesant Chanler, Lieutenant-Governor....	Albany
Hon. Joseph H. Choate, President State Charities Aid Association.....	New York City
Dr. C. F. Clowe.....	Schenectady
Dr. H. D. Cochrane.....	Albany
Dr. J. H. Collins.....	Schenectady
Dr. Joseph D. Craig, Health Officer.....	Albany
Dr. Charles Crispell, State Department of Health.....	Kingston
Rev. James R. Curtin.....	Troy
Philip V. Danahey.....	Schenectady
Dr. C. C. Duryee, Health Officer (Schenectady)....	Schenectady
Dr. Livingston Farrand, Executive Secretary of the Na- tional Association for the Study and Prevention of Tuberculosis	New York City
Dr. William Finder.....	Troy
Hon. Homer Folks, Secretary State Charities Aid Asso- ciation.....	New York City
Dr. Albert H. Garvin, Superintendent of State Hospital for Incipient Tuberculosis.....	Ray Brook
Langdon Gibson	Schenectady

Dr. William M. Gibson.....	Utica
Dr. A. A. Gillette.....	Rome
Mrs. James A. Goodrich.....	Schenectady
Dr. H. C. Gordinier.....	Troy
Dr. E. J. Gravatt.....	Troy
Dr. J. B. Harvie.....	Troy
Dr. Walter Hollingsworth	Utica
Dr. D. W. Houston.....	Troy
Dr. H. F. Hubbard.....	Rome
Hon. Charles E. Hughes, Governor of New York.....	Albany
Dr. H. G. Hughes.....	Schenectady
Dr. Henry Hun	Albany
Hon. A. R. Kessinger, Mayor of Rome.....	Rome
Dr. Herbert Maxon King, Physician-in-Chief of the Liberty Sanatorium	Loomis
John A. Kingsbury, Assistant Secretary of the Tuberculosis Committee State Charities Aid Association.....	New York City
Dr. William Kirk	Troy
Dr. George G. Lempe.....	Albany
Rev. G. R. Lunn, D.D.....	Schenectady
Dr. Willis MacDonald	Albany
Martin E. McClary, President Board of Managers, New York State Hospital for Incipient Tuberculosis....	Albany
Dr. Andrew McFarlane	Albany
Dr. C. G. McMullen.....	Schenectady
Dr. Peter McPartlon	Schenectady
Rev. John Meengs	Schenectady
George J. Nelbach, State Charities Aid Association.....	Utica
Mrs. James E. Newcombe, President of Stonywood Sanatorium	New York
Dr. C. E. Nichols, Health Officer.....	Troy
Dr. H. D. Pease, State Department of Health.....	Albany
Dr Eugene H. Porter, Health Commissioner, State of New York	Albany
Rt. Rev. Mgr. J. L. Reilley.....	Schenectady
Rev. Charles A. Richmond.....	Albany
Dr. A. J. Root.....	Albany
Dr. John F. Rossi.....	Utica
Dr. Zotique Rousseau	Troy

Dr. T. P. Scully.....	Rome
Dr. E. R. Stillman.....	Troy
Dr. Warren B. Stone.....	Schenectady
Dr. J. O. Stranahan.....	Rome
Hon. Gardner T. Swarts, M.D., Secretary Board of Health, State of Rhode Island.....	Providence, R. I.
Dr. H. L. Towne.....	Schenectady
Dr. Frank Van de Bogart.....	Schenectady
Dr. Albert Vander Veer.....	Albany
Hon. H. S. Van Voast.....	Schenectady
John H. Vogt, State Department of Health.....	Brooklyn
Hon. James W. Wadsworth, Speaker of the Assembly....	Albany
Rt. Rev. Mgr. John Walsh.....	Troy
Dr. Samuel B. Ward.....	Albany
Dr. B. H. Waters, Department of Health, New York City	New York City
Dr. Wm. H. Watson.....	Utica
Prof. William H. Welch, M.D., LL.D. of Johns Hopkins University, and President of Board of Trustees Rockefeller Institute of Medical Research..	Baltimore, Md.
Dr. James H. Whaley, Health Officer.....	Rome

“ While, perhaps it will have to be acknowledged that tuberculosis will never be totally exterminated, yet it is probable that one of the greatest advances in preventive medicine that has ever been witnessed is about to take place in the early part of the twentieth century.”

Report, Massachusetts State Commission, 1907.

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"If we had through the
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is a social and economic problem as well as a medical one, and
that therefore not only medical and sanitary measures, but also
other forces of the community—legislative, administrative,
philanthropic, educational—must co-operate in the struggle."

Prof. WM. H. WELCH, M. D., LL.D.

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